

Original cover letter
received on 10/26/11

YARBOROUGH

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October 24, 2011

Via Federal Express

Ms. Beverly A. Brandt, Chief
Bureau of Health Facilities and Services Development
SC DHEC
1777 St. Julian Place, Suite 201
Columbia, South Carolina 29204

RE: Community Health, Inc., Response to Project Review Committee Meeting, Comments on Competing Beaufort County Home Health CON Applications

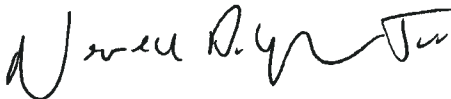
Dear Ms. Brandt:

Enclosed please an original and one copy of Community Health's comments on the competing Beaufort County home health CON applications. Please note that the comments have been arranged in three sections: General Comments, Health Planning Comments, and Financial Comments (the latter prepared by the project's accountant).

Thank you for your attention to this matter.

Please do not hesitate to contact me if you or your staff have questions or need additional information.

Sincerely,



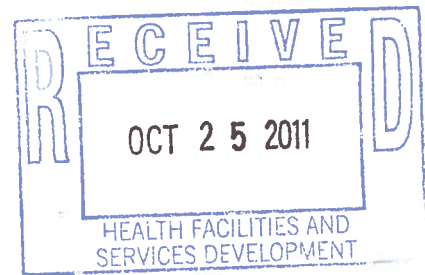
Newell D. Yarborough, Jr.
President

c: Client
Adrienne Marting, Esq.

Attachments: CON competing comments (original & copy)



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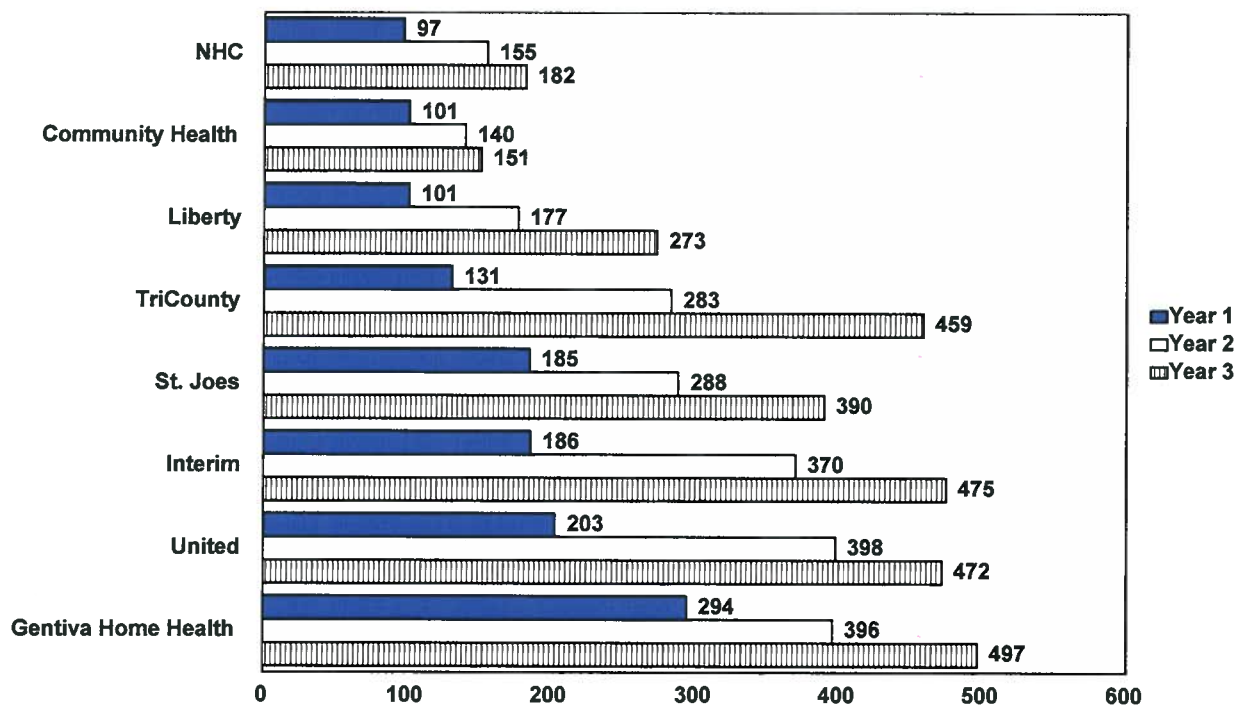


GENERAL COMMENTS

Projected Patients

The following figure shows the projected patients by year for each. As can be seen from this information, Community Health and NHC had the most conservative projections.

Beaufort County Home Health Applicants Projected Patients, First Three Years of Operation



SOURCE: Applications

Figure 1 NHC and Community had the most conservative projected number of patients.

Community Health's number of projected patients is conservatively based on the State Health Plan's identified need in Year 1 and the growth of the existing agencies in Beaufort County between 2008 and 2009 for Year 2. Growth for Year 3 is based upon the existing agencies' average growth between 2005 and 2009, which is also conservative. Community Health attempted to use realistic and attainable projections for the Beaufort County project, not some method projecting 200 to 500 percent of the identified need.

Service to Specialized Population

Pediatric Home Health

While not proposing to provide a dedicated pediatric program, pediatric patients will be accepted on a case by case basis. Patients in need of clinically complex services will be referred to one of the two in the county that provide pediatric services (Amedisys agencies or Island Healthcare).

If sufficient demand develops, a dedicated pediatric program will be offered. (Please note that there were only 40 pediatric home health patients served by the existing agencies during 2009, the latest data available). Using the SHP use rate for pediatric home health patients of one per thousand yields 22 pediatric patients, so it is not a lack of service availability, there is simply not much demand in Beaufort County.

Beaufort County's pediatric (age 0-17) is about 28,143 (SOURCE: ORS, 2000 statistics. NOTE: The 0-4 cohort was added to the 5-17 cohort to get the total. 2010 was published for the 0-4 cohort, but not for the 5-17 cohort). While the three county area (Berkeley, Colleton, and Dorchester) served by Interim has a pediatric population of about 78,281 or over 2.5 times that of Beaufort.

High-Risk Obstetrics

Due to the complexities of caring for high-risk obstetric patients which require specialized staff, specific credentialing, expertise in fetal monitors, interpretation of laboratory reports, perinatal safety, and triage, these patients are perhaps best served in the inpatient hospital setting.

Once stabilized, however, Community Health will provide services to all obstetric patients referred for care.

Psychiatric Services

An in-home psychiatric program requires specially trained psychiatric nurses. Given the short supply of these individuals, Community Health did not propose to provide psychiatric services initially; however, if there is sufficient demand for this service, Community Health will implement a psychiatric program.

Community Hospice Foundation

Community Hospice Foundation, a 501 (c) 3 not for profit entity, was originally created to provide funds for hospice patients and their families in need in North and South Carolina. If Community Health is awarded the Beaufort County home health CON the scope of the Foundation's outreach will be extended to home health patients and their families as well as to employees as necessary.

The original mission statement is as follows and will be modified to include home health if the application is approved:

Mission Statement

As a charitable wing of Community Home Care and Hospice, the Community Hospice Foundation raises funds to support the crusade against life-limiting conditions by contributing to community awareness and education; scholarships and research; and programs that engage in the practical ministry of indigent care while honoring those we serve and memorializing those for whom we have cared.

While all current and new employees are or will be educated about the Foundation, an aggressive marketing campaign does not exist since if it did, limited funds (currently around \$1 million) could be rapidly depleted.

Routine indigent care will be provided at the expense of the proposed agency. The Foundation's purpose is to make funds available above and beyond the typical indigent care for needy patients and their families for help with light bills, groceries, transportation, and improved living conditions, for example.

The existence of this Foundation sets Community Health, Inc. apart from the other Beaufort County applicants and clearly demonstrates Community Health's commitment to serve the community beyond the typical requirements.

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HEALTH PLANNING COMMENTS

Comments on Lowcountry Nursing Group, LLC d/b/a Interim Healthcare Submitted by: Community Health, Inc.

■ No experience in Medicare certified home health services

Interim's experience is limited to private duty services and the provision of pediatric home care (the latter is limited to their Charleston service area: Colleton, Jasper, and Hampton Counties). Neither the company nor its principals have any experience in Medicare certified home health services.

In contrast, executive level employees of Community Health have over 90 years' combined experience in Medicare certified home health services.

■ Inappropriate planned use of their existing office

As documented in their CON application, Interim plans to have two offices: one at their existing office in Ridgeland, SC, and the second in Bluffton, SC. Since Ridgeland is in Jasper County, Interim cannot be licensed by DHEC to provide home health services from this location since they do not hold a CON for Jasper County.

This fact alone renders their financial projections invalid.

■ No plans to serve adult Medicaid patients

On Bates stamp page 028 (application page 20), "*Market Share Analysis*", seventh line, Interim states "*In its first year of operation, Interim projects that it will serve 101 Medicare patients and 40 Medicaid children.*"

Interim's pro formas state that Interim will serve 40 Medicaid patients during the first year of operation. Thus, it is reasonable to assume that these 40 patients were the previously referenced "*40 Medicaid children*" patients and that there Interim does not propose to serve the adult Medicaid population.

■ The SHP Home Health Methodology does not project patients by payor class

Since the SHP home health methodology does not project patients by payor class, it seems odd that Interim would project 101 Medicare patients (the identical total net need in Beaufort County) during its first year of operation. Furthermore, it was not clear as to how Interim determined the projected payor mix.

■ No historic utilization data provided

The application states that Interim has been providing private duty services (including pediatric home care services) in Beaufort County since 2006. However, there were no historical statistics provided, e. g., the total number of patients served and the number of pediatric patients served.

There was, however, a lengthy discussion about the number of pediatric home health patients served in its three county service area in Charleston. It should be noted that this three county area contains a much larger pediatric population than Beaufort County and the relevance of the number and growth in this market compared to Beaufort County is questionable.

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■ **Interim enjoys a “Home Court” advantage for support letters**

As an existing, established provider of private duty services in Beaufort County since 2006, Interim enjoys a “home court” advantage with regards to the ability to obtain support letters.

Potential referral sources are typically reluctant to publicly support potential new providers like Community Health. Once approved, however, support from these referral sources is often forthcoming. Based upon its successful marketing strategies in other markets, Community Health does not anticipate any difficulty in earning the respect and trust from all potential referral sources in the county.

It should be noted that the vast majority of Interim’s support letters were “cookie cut” versions of the same letter.

■ **Flawed pro formas**

Please see the financial comments section of this document for details.

**Comments on TriCounty Home Health
Submitted by: Community Health, Inc.**

■ **Three initial offices plan is not sound business practice**

TriCounty Home Health (“TriCounty”) plans to open three offices initially: a main office in Port Royal and branch offices in Hilton Head and St. Helena. As a new entrant to the county, initially opening three offices is not sound business practice.

Typically, new home health agencies open an initial office in proximity to the largest potential base of patients and referring physicians. Once an initial patient base is established, additional branch offices are opened based upon demand. It is simply not sound health planning to open multiple offices all at one time.

In fact, the two “active” full service home health agencies in the county do not have three offices despite serving the county for a number of years. Amedisys (and CareOne which is owned by Amedisys) have two offices, one in Bluffton and one in Hilton Head (SOURCE: Amedisys website). Island Healthcare also only has two offices, one in Bluffton and one in Hilton Head (SOURCE : Email response from Island Healthcare).

If there were practical reasons for a third office for these established providers, it would seem reasonable for them to have already opened additional offices in the northern portions of the county.

Beaufort County is not a large county and has more than adequate roadways for home health agency staff to service the northern portions of the county from the southern portion (keeping in mind that visiting staff can travel to see patients from their homes). For example, the distance from Community Health’s proposed initial office on Wild Horse Road in Hilton Head to Beaufort is 35 miles and to Yemassee 46 miles (SOURCE: MapQuest).

TriCounty projects serving 131 patients in Year One or an average about 44 patients per office (not economically feasible). While two of these offices (Hilton Head and Port Royal) are existing hospice offices owned by Medical Services of America, the parent organization of TriCounty Home Health), staff

is proposed to be initially located at all three offices: 2.7 FTEs in Port Royal, 2.1 FTEs in St Helena, and 2.4 FTEs in Hilton Head (SOURCE: TriCounty Home Health Project Review Committee presentation). It is inefficient to have idle staff waiting on a patient referral in their area.

The following map shows the concentration of persons 75+ in the county by ZIP code. 75+ was chosen because this cohort is a more sensitive indicator of potential patients compared to the 65+ cohort. As can be seen from this map, the vast majority of the 75+ population is within a 25 mile radius of Community Health's proposed office.

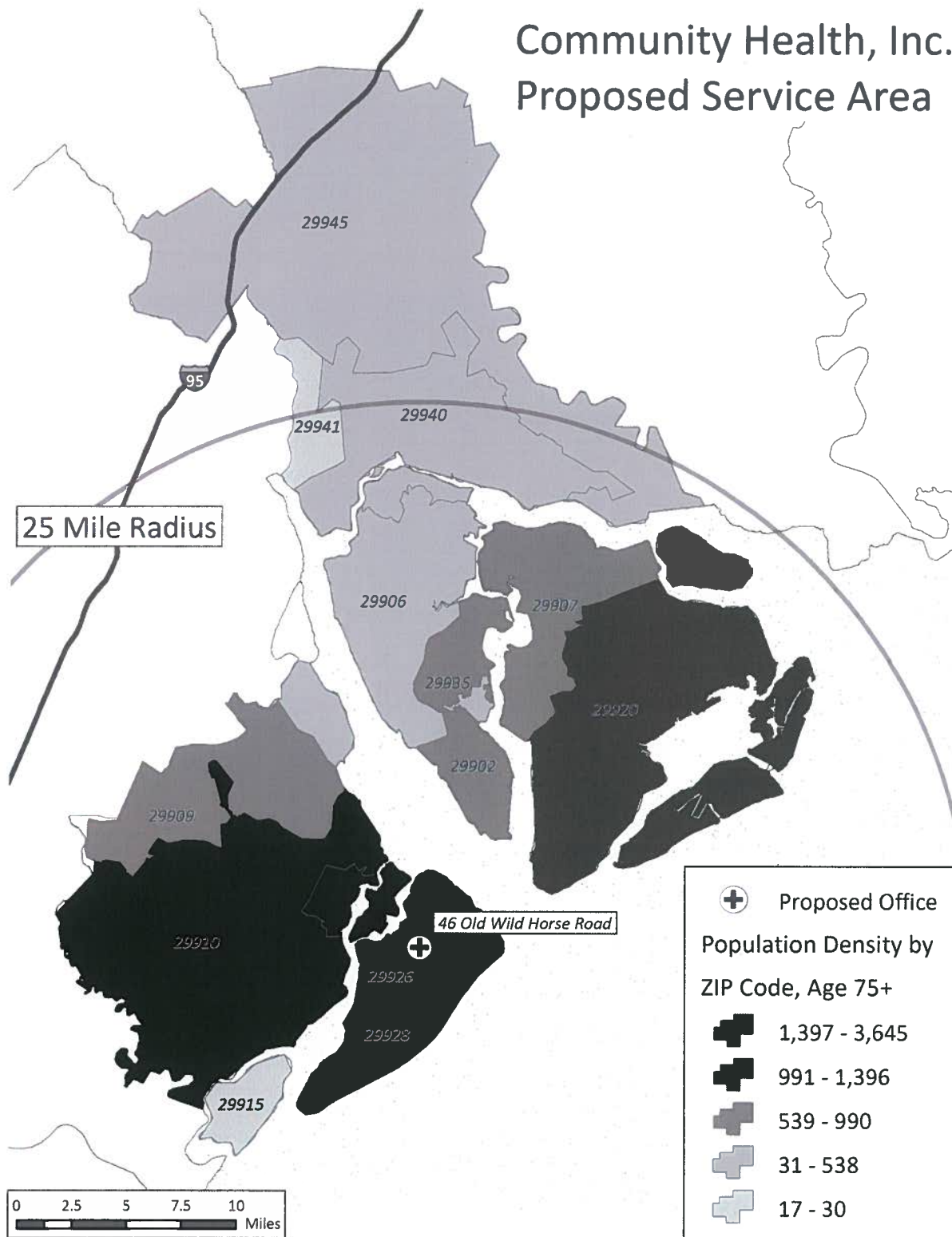


Figure 2 The majority of the elderly (75+) population is located within a 25 mile radius of Community Health's proposed office.

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Location of Beaufort County Potential Referring Physicians & Hospitals

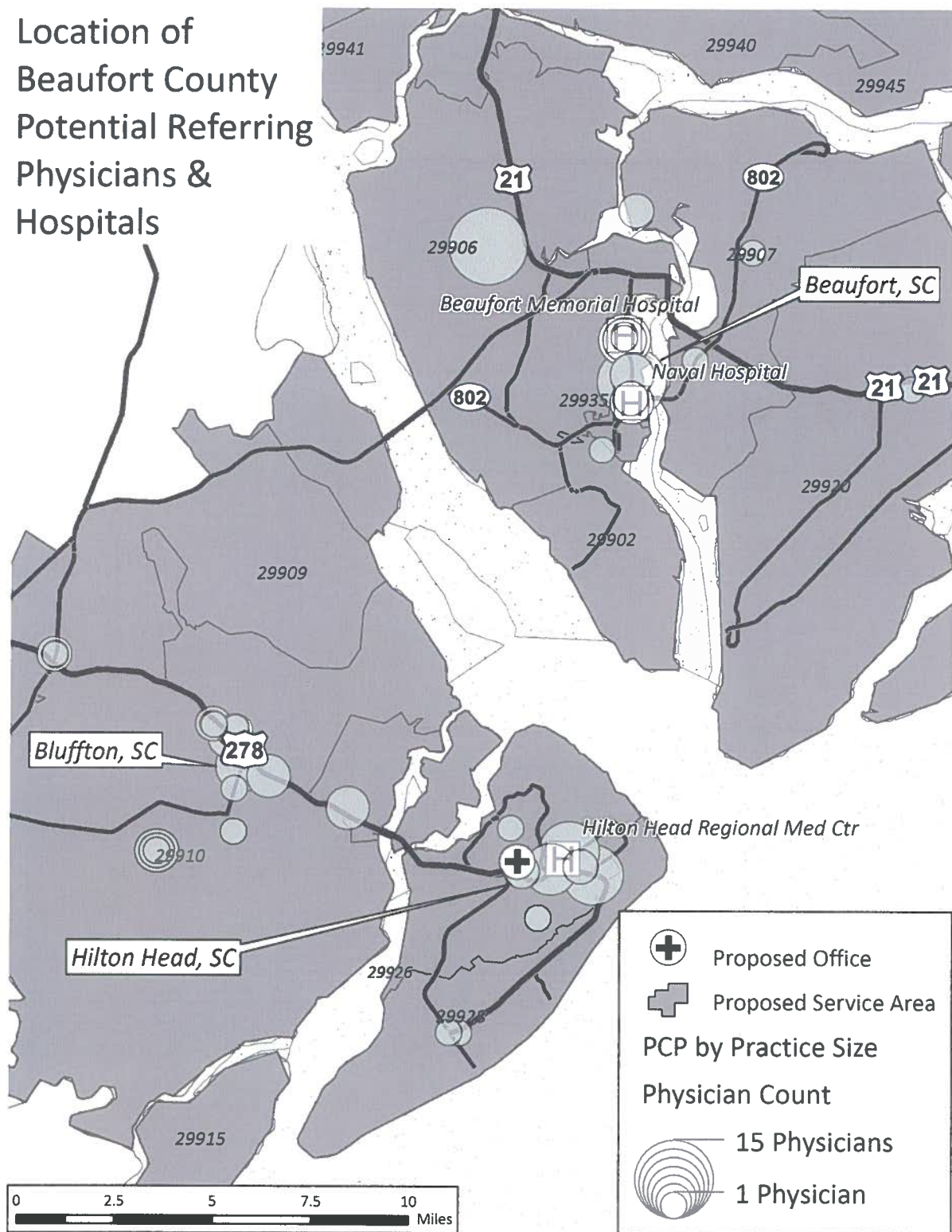


Figure 3 This map shows the concentration of potential referring physicians (the bigger the circle, the higher the concentration) and the location of the County's hospitals.

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The table below shows the 65+ population by ZIP code for 2012 through 2014. A “snapshot” of potential home health patients was calculated for 2012 using the 65+ age cohort utilization rate contained in the SHP.

As can be seen from this information, the largest number of potential patients are located in Hilton Head (1,146) followed by Bluffton (747 patients). Port Royal is projected to only have 34 home health patients and St. Helena 281.

Given Port Royal’s proximity to Beaufort, it would seem more feasible to propose an office in Beaufort than Port Royal which has only four potential referring physicians compared to 24 potential referring physicians in Beaufort and 285 potential patients compared to 34 in Port Royal).

St. Helena is also a marginal location for a home health office, with relatively few potential patients and only one potential referring physician (a list of potential referring physicians is attached as Exhibit 1).

ZIP Code	ZIP Code Name	2012 Pop Age 65+	Patients Using Home Health Use Rate of 81.66*	% Growth 2011-2012	2013 Pop Age 65+	% Growth 2012-2013	2014 Pop Age 65+	% Growth 2013-2014	% Growth 2012-2014
29902	Beaufort	2,018	165	2.2%	2,061	2.1%	2,104	2.1%	4.1%
29906	Beaufort	1,468	120	3.7%	1,521	3.6%	1,573	3.4%	6.7%
	Beaufort TOTAL		285						
29907	Ladys Island	1,742	142	4.1%	1,811	4.0%	1,880	3.8%	7.3%
29909	Okatie	2,352	192	4.8%	2,458	4.5%	2,566	4.4%	8.3%
29910	Bluffton	9,144	747	5.0%	9,576	4.7%	10,009	4.5%	8.6%
29915	Daufuskie Island	48	1	4.3%	51	6.3%	53	3.9%	9.4%
29920	Saint Helena Island	3,446	281	4.1%	3,583	4.0%	3,719	3.8%	7.3%
29926	Hilton Head Island	7,962	650	4.7%	8,319	4.5%	8,677	4.3%	8.2%
29928	Hilton Head Island	6,075	496	3.1%	6,256	3.0%	6,437	2.9%	5.6%
	Hilton Head TOTAL		1,146						
29935	Port Royal	421	34	2.2%	431	2.4%	440	2.1%	4.3%
29940	Seabrook	684	56	3.8%	709	3.7%	734	3.5%	6.8%
29941	Sheldon	71	1	2.9%	73	2.8%	75	2.7%	5.3%
29945	Yemassee	581	47	1.4%	590	1.5%	598	1.4%	2.8%
		36,012	2,941	4.1%	37,439	4.0%	38,865	3.8%	7.3%

(Data Sources: US Census Bureau, ESRI, & BlueDot Market Analysis Brentwood, TN)

*SOURCE: SC SHP

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■ Medically underserved areas

TriCounty notes in its presentation (page 9) that *"The vast majority of the northern side of Beaufort County is designated by the federal government as 'Medically Underserved'. These areas included St. Helena, Port Royal and Sheldon."*

Areas that are designated as Medically Underserved really have nothing to do with home health, except perhaps choosing an appropriate office location. What it actually means is that there is a shortage of primary care providers, which is borne out by the potential referring physicians map and physician list presented in Exhibit 1 that shows very few or no physicians in St. Helena, Port Royal, and Sheldon.

■ Tri County's travel time analysis for existing agencies is flawed

Tri County's travel time analysis for existing agencies is flawed because it does not consider the location of the existing branch offices. Furthermore, travel time is not a critical factor in the delivery of home health services since patients are not in an emergency situation and caregivers usually come from home or the previous visit rather than from the office.

■ Sharing of staff and "cross coverage"

In its application (page 24), Tri County proposes to share staff and provide "cross coverage" by extending its existing home health services in Beaufort. It is unclear how this concept can be practically implemented since Interim's Columbia area office (where their existing offices are clustered) involves a drive of 141 miles one way to Port Royal, their proposed main office (SOURCE: MapQuest).

■ "More likely need analysis".

In preparing the final version of its form, Tri County relied upon its "more likely" need analysis rather than the SHP official methodology which contains a much larger number of projected patients (Please refer to the Financial Discussion portion of this document for further details).

■ TriCounty Home Health enjoys a "*Home Court*" advantage for support letters

As an existing, established provider of hospice services in Beaufort County, the parent organization of TriCounty Home Health enjoys a "*home court*" advantage with regards to the ability to obtain support letters.

Potential referral sources are typically reluctant to publicly support potential new providers like Community Health. Once approved, however, support from these referral sources is often forthcoming. Based upon its successful marketing strategies in other markets Community Health does not anticipate any difficulty in earning the respect and trust from all potential referral sources in the county.

It should be noted that the vast majority of Interim's support letters were "*cookie cut*" versions of the same letter.

If home health CONs were awarded solely on the basis of the number of support letters without regard to the quality of the letters, then new agencies without existing ties in a given county would never be awarded a CON.

■ Flawed pro formas

Please see the Financial comments section of this document for details.

Comments on St. Joseph's –Lowcountry
Submitted by: Community Health, Inc.

■ **Unrealistically high indigent care**

SJC proposes Indigent care at 5% of gross revenues which is not consistent with the reported average experience in other states such as Alabama, Georgia, and North Carolina which collects indigent care home health data (the average is around one percent).

■ **Low Medicaid mix**

SJC proposes a very low Medicaid mix of only 3%, which translates into only six Medicaid patients in Year 1, 9 in Year 2, and 12 in Year 3.

As can be seen in the following figure, there are four communities that have affluence scores below the national average: Beaufort ZIP code 29906, Port Royal, St. Helena Island, Sheldon, and Yemassee. The implication for home health for these low scoring communities it they likely contain a relatively high number of potential Medicaid patients.

It appears that St. Joseph's did not take into account this factor when estimating the Medicaid mix.

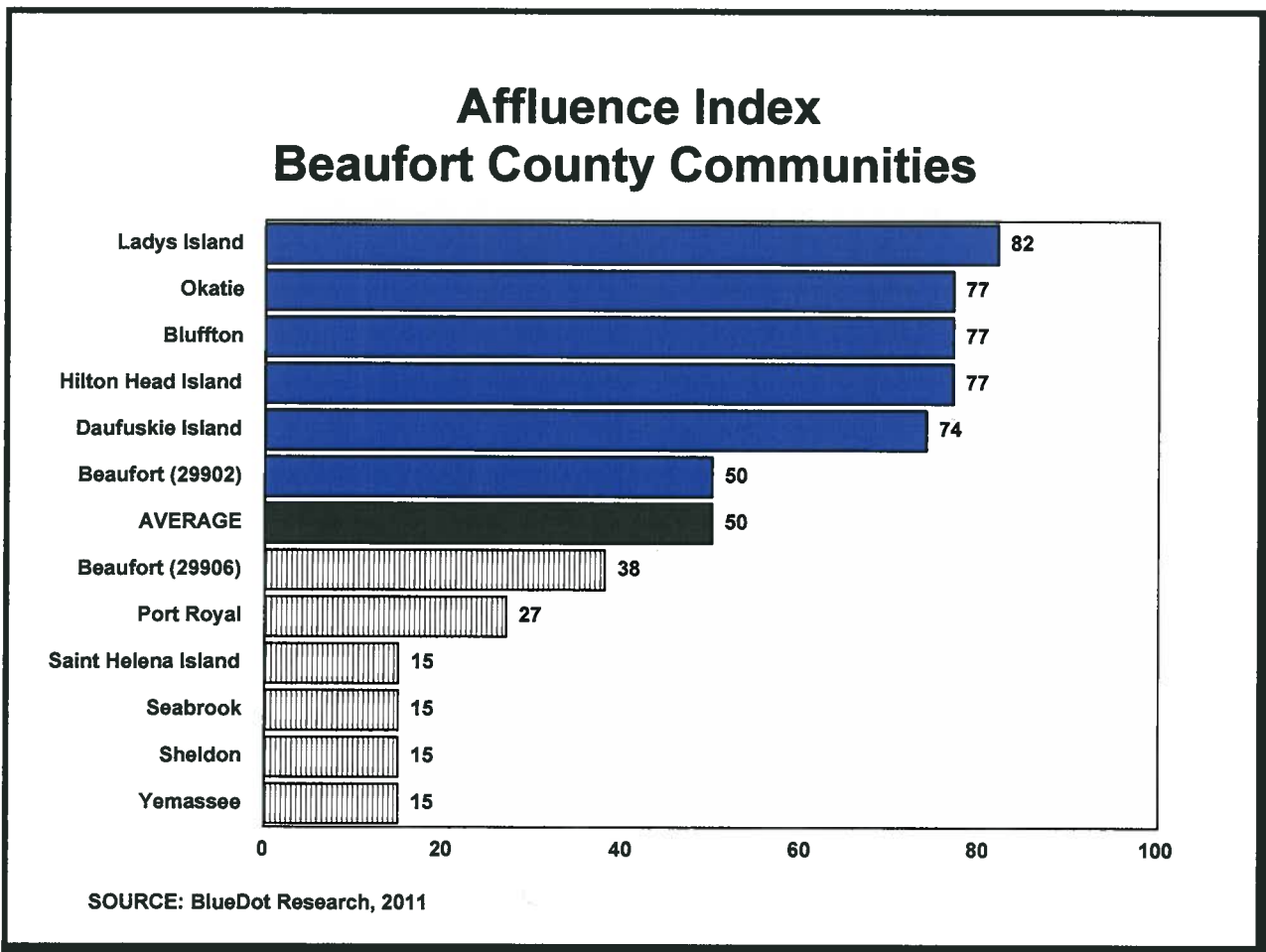


Figure 4 Scores below the national average of 50 indicate the presence of low income populations.

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■ Bureaucratic process for change

While St. Joseph's may be a well regarded inpatient facility, hospital-based home health agencies are typically not as flexible as freestanding agencies when it comes to launching new programs and services. Hospitals like St. Joseph's are large, rigid bureaucracies that tend to treat home health as simply another department with inflexible rules and a committee process requirement to implement change.

On the other hand, freestanding home health agencies are quick to respond to changing market conditions to meet the needs of patients without having to go through a myriad of committees.

Also, as one noted author observed: *"Because many hospital-based agencies don't provide unique services in their markets, freestanding competitors can offer similar care--often at lower costs."* SOURCE: Kevin O'Donnell, President, Healthcare Resources of America.

Hospital nurses are not trained to meet the challenges of delivering health care alone in a patient's home. Hospital nurses are used to providing care in a sterile, well lit environment with plenty of on-site back up. Home health nurses have to work alone in what is sometimes an adverse environment (no running water, single light bulb for illumination, and unhygienic conditions). The skill sets between a hospital nurse and a home health nurse are not interchangeable.

■ Low home county market share

The following table shows the 2009 Market Share for home health agencies based in Chatham County. As can be seen from this information, St. Joseph's has the third lowest market share in their home county despite having served the county since 1978. This statistic clearly indicated that patients and physicians prefer other Chatham County-based home health agencies over St. Joseph's.

Home Health Agency General Utilization Report by County, 2009

BASE COUNTY	AGENCY NAME	TOTAL PATIENTS	MARKET SHARE (%)
2009	4 Facilities	4,492	100%
Chatham	CareOne	1,502	33.4
Chatham	Gentiva■	524	11.7
Chatham	Island Health Care	1,732	38.6
Chatham	SJC Home Health■	734	16.3

SOURCE: Annual Home Health Agency Survey, Georgia Department of Community Health

■ Began serving Chatham County in 1978 (SOURCE: Georgia Department of Community Health, Access Database)

[Even after 30 years of serving Chatham County, Gentiva and St. Joseph's Home Health have the smallest market share of all Chatham County-based home health agencies].

Furthermore, since St. Joseph's does not even have a strong presence in their home county, it is unlikely that the proposed agency can achieve its market share goals or patient projections in Beaufort County, especially considering that it will be competing with the same two providers as in its home market: CareOne and Island Health Care.

■ St. Joseph's enjoys a "Home Court" advantage for support letters

As an existing, established provider of outpatient services in Beaufort County, St. Joseph's enjoys a "home court" advantage with regards to the ability to obtain support letters.

Potential referral sources are typically reluctant to publicly support potential new providers like Community Health. Once approved, however, support from these referral sources is often forthcoming. Based upon its successful marketing strategies in other markets Community Health does not anticipate any difficulty in earning the respect and trust from all potential referral sources in the county.

It should be noted that the vast majority of St. Joseph's support letters were "*cookie cut*" versions of the same letter.

If home health CONs were awarded solely on the basis of the number of support letters without regard to the quality of the letters, then new agencies without existing ties in a given county would never be awarded a CON.

■ **Inadequate office space**

417 square feet is simply too small for a home health office. Additional space is necessary for storing medical supplies, team conferencing, in service training classes, and charting, for example.

■ **Flawed pro formas**

Please see the financial comments section of this document for details.

**Comments on Liberty Home Care VI
Submitted by: Community Health, Inc.**

■ **Low projected indigent care**

Liberty proposes a very low amount of indigent care at a fraction of a percent in all three years. In some places in the application, three percent indigent care is mentioned but the revised pro formas show fractional percentages. Also, Liberty does not define indigent care.

■ **DHEC citations**

On page 54 of its application, Liberty states that it has not had any DHEC citations for their existing South Carolina home health agencies in the past year. However, this statement leads one to wonder about Liberty's performance in previous years.

■ **"Cookie cut" support letters**

Liberty provided no individualized support letters, just "cookie cut" form letters.

■ **Flawed pro formas**

Please see the financial comments section of this document for details.

**Comments on Gentiva Certified Healthcare Corp. d/b/a Gentiva Home Health
Submitted by: Community Health, Inc.**

■ **Questionable patient projections**

Gentiva Home Health's ("Gentiva") first year patient projection is about three times that of the official need. Gentiva projected the highest number of patients of all applicants in Year 1, among the highest in Year 2, and the highest in Year 3 (please see the graph in the first section of this document).

Gentiva's patient projections seem artificially inflated in order to cover the abnormally high start up and project costs (highest among all the applicants). Also, Gentiva assumed very little growth in patients served by existing providers (around 50 patients per year total) which is not consistent with historical trends.

■ **Odd proposed initial office location**

Okatie seems to be an odd choice for an initial home health office with only two potential referring physicians (please refer to Exhibit 1) and a small 65+ population (2012 76+ population of only 2,352).

To be initially successful, home health agencies need to be located in proximity to potential referring hospitals and physicians.

Low market share despite serving the county for 30 years

The following table shows the 2009 Market Share for home health agencies based in Chatham County. As can be seen from this information, Gentiva has the lowest market share of all Chatham County-based home health agencies despite having served the county since 1978. This statistic clearly indicated that patients and physicians prefer other Chatham County-based home health agencies over Gentiva.

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Home Health Agency General Utilization Report by County, 2009

BASE COUNTY	AGENCY NAME	TOTAL PATIENTS	MARKET SHARE (%)
2009	4 Facilities	4,492	100%
Chatham	CareOne	1,502	33.4
Chatham	Gentiva■	524	11.7
Chatham	Island Health Care	1,732	38.6
Chatham	SJC Home Health■	734	16.3

SOURCE: Annual Home Health Agency Survey, Georgia Department of Community Health

- Began serving Chatham County in 1978 (SOURCE: Georgia Department of Community Health, Access Database)

[Even after 30 years of serving Chatham County, Gentiva and St. Joseph's Home Health have the smallest market share of all Chatham County-based home health agencies].

Furthermore, since Gentiva does not have a strong presence in the county despite serving the county for so long, it is unlikely that the proposed agency can achieve their market share goals or patient projections in Beaufort County, especially considering that they will be competing against the same two providers as in its home market: CareOne and Island Health Care.

- Gentiva Home Health enjoys a "*Home Court*" advantage for support letters

As an existing, established provider of home health in markets such as Charleston and Savannah, Gentiva Home Health enjoys a "*home court*" advantage with regards to the ability to obtain support letters from hospitals and physicians in these markets that serve Beaufort County residents.

Potential referral sources are typically reluctant to publicly support potential new providers like Community Health. Once approved, however, support from these referral sources is often forthcoming. Based upon its successful marketing strategies in other markets Community Health does not anticipate any difficulty in earning the respect and trust from all potential referral sources in the county.

If home health CONs were awarded solely on the basis of the number of support letters without regard to the quality of the letters, then new agencies without existing ties in a given county would never be awarded a CON.

- Flawed pro formas

Please see the financial comments section of this document for details.

**Comments on NHC
Submitted by: Community Health, Inc.**

■ **Respiratory Therapy not a Medicare reimbursed service**

NHC proposes to provide respiratory therapy which is not a Medicare reimbursed service.

■ **High average number of visits per patient**

On average, NHC proposes approximately 38 visits per patient, which is much higher than the South Carolina or Beaufort average (please refer to the Financial Comments section of this document for more detail).

■ **Do not plan on meeting 100% of the need in Year 1**

NHC proposes to serve 97 patients in Year 1 which is less than the official need of 101 patients. [4 patients – is this worth mentioning??!) YES, LESS THAN THE OFFICIAL NEED

■ **Flawed pro formas**

Please see the Financial comments section of this document for details.

**Comments on United Home Care
Submitted by: Community Health, Inc.**

■ **United Home Care enjoys a “Home Court” advantage for support letters**

As an existing, established provider of hospice services in Beaufort County, United Home Care enjoys a “*home court*” advantage with regards to the ability to obtain support letters. The majority of support letters were “cookie cut” (same letter just signed by different people).

Form letters of support included letters from a physician’s assistant, physician’s receptionist, office managers, the YMCA, apartment managers, and Shoofly Kitchen (a local Beaufort restaurant). Obviously, these individuals and businesses would not be referral sources for home health.

Potential referral sources are typically reluctant to publicly support potential new providers like Community Health. Once approved, however, support from these referral sources is often forthcoming. Based upon its successful marketing strategies in other markets Community Health does not anticipate any difficulty in earning the respect and trust from all potential referral sources in the county.

If home health CONs were awarded solely on the basis of the number of support letters without regard to the quality of the letters, then new agencies without existing ties in a given county would never be awarded a CON.

■ **Very high patient projections**

Of all the applications, United Home Care had the highest number of patients projected in Year 2 and was roughly tied for the highest number in Year 3. They updated the official need with the latest Census population numbers and applied use rates in Georgia and North Carolina. Out of state home health use rates would seem to have no bearing on the need or home health usage patterns in South Carolina.

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Submitted by: Community Health, Inc.

FINANCIAL COMMENTS

Beaufort County Home Health CON Applications Selected Financial Deficiencies by Applicant

Listed below are selected financial deficiencies for each of the competing Beaufort Home Health CON applications. The "Financial Related Comments" document goes into great detail, but some of the key points are summarized here.

■ Tri County

Tri County's pro formas treat the proposed project as an expansion from a main agency that is located over 140 miles away in Columbia. The expansion concept is an invalid approach for financial feasibility since all applications are for a new, freestanding home health agency. All other applicants provided pro formas based upon a stand alone agency and the CON rules require that financial feasibility be demonstrated for the proposed project (a freestanding agency).

Another indication that the Financial Feasibility numbers are incorrect is that the "Manpower Budget Sub-schedule", again Bates Stamp number is not legible, on footer page "Beaufort County Financials More Likely", FTE, Page 14 of 15 do not agree with the financial statements. The summation of SN, PT, OT, ST and HHA Total Salary Expense for Year 3, from the "Manpower Budget Sub-schedule equals \$401,428, Salaries-Per Visit per the "Tri County Income Statement-Beaufort County CON Project, Bates Stamp number 0488, equals \$320,120. This is a difference of \$81,308. This makes it apparent that Tri County is attempting to recognize economies of scale where none exist.

This finding alone is sufficient reason not to grant the CON to Tri County.

■ SJC

St. Joseph's/Candler ("SJC") states in its response to DHEC on 2/28/2011, Item 4 that the variance between the utilization projected patients and patients used for its financial projections is due to 12% of the patients being recertified. However, recertification of a Patient does not generate another patient. The computation of visits using the Average Visits per Patient and Payments using Episodes per Patient take into account the total unduplicated patients. Therefore, the SJC patients used for financial projections are overstated, which affects cost due to increased costs and volume, in addition to the already unrealistic patient projections.

■ NHC

NHC's Payor Mix, and Visit Mix or Distribution do not recognize the historical pool of Payors or discipline services contained in and provided in Beaufort County. The lack of FTEs for contracted disciplines results in understatement of FTEs. Based upon the fact that NHC projections do not consider the historical services provided or consider the actual pool of payor sources in Beaufort County its projections do not accurately reflect the Beaufort County market.

■ Gentiva

The Application states that Gentiva believes the projections to be realistic as 3 of the 4 Agencies operating in Beaufort have treated more than 500 unique patients in 2009. Gentiva fails to recognize that one Agency was established in 1982 and the other three have certification dates dating back to 1993. There is no indication that

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any one of the three Agencies serviced 500 patients or more in the first 3 years of operation. The existing Agencies are well established and a new agency will require time to grow to the level of existing agencies.

■ **Liberty**

The financial projections do not appear to be realistic or attainable with respect to Utilization, Payor Mix, Visit Mix or Distribution and do not recognize the historical payor mix or discipline mix provided in Beaufort County.. FTEs visits per day are not consistently applied throughout the projected years. Based upon the fact that Liberty has not followed Medicare guidelines regarding project costs, is inconsistent with FTE projections and do not consider the historical services provided or consider the actual pool of payor sources in Beaufort County their projections do not reflect accurately the Beaufort County market.

■ **Interim**

At first glance it appears as though Interim may be Financially Feasible; however, based upon a review of their application, Depreciation/Amortization is roughly \$33,000 understated. Taking into consideration this fact as well as the fact that the Applicant is making it projections based on statistics 470% higher than the identified need it is likely the Agency would not be feasible.

■ **United**

Based upon the failure to follow the Medicare Guidelines for Project cost, unrealistic utilization projections, Payor Mix based upon statistics other than Beaufort County, and Discipline Mix inconsistent with Beaufort County, United is not the best choice for the CON.

Submitted by: Community Health, Inc.

DETAILED FINANCIAL COMMENTS

Based upon the review of the presentations and the Application Pro-Forma information contained in the applications of each applicant the following was issues are noted:

Project Cost / Startup Cost:

Although Generally Accepted Accounting Principles allow for the expensing of Startup Costs in the period in which they are incurred, Medicare Reimbursement Instructions do not. Effective, October 1, 2000, Medicare changed its Payment Methodology to the Prospective Payments System; however, the Medicare Reimbursement Principles did not change. The Provider Reimbursement Manual 15, Part 1, (PRM 15-1), states in part:

2132. START-UP COSTS

2132.1 General.--In the period of developing a provider's ability to furnish patient care services, certain costs are incurred. The costs incurred during this time of preparation are referred to as start-up costs. Since these costs are related to patient care services rendered after the time of preparation, they must be capitalized as deferred charges and amortized over a number of benefiting periods.

Start-up costs include, for example, administrative and nursing salaries; heat, gas, and electricity; taxes; insurance; mortgage and other interest; employee training costs; repairs and maintenance; housekeeping; and any other allowable costs incident to the start-up period. However, any costs that are properly identifiable as organization costs or capitalizable as construction costs must be appropriately classified as such and excluded from start-up costs.

2132.3 Cost Treatment for Medicare Reimbursement.

A. Operations Begin Upon Entrance into the Program (Providers Entering Program After June 30, 1976).

1. Where a provider prepares all portions of its facility for patient care services at the same time and has capitalized start-up costs, the start-up costs must be amortized ratably over a period of 60 consecutive months beginning with the month in which the first patient is admitted for treatment.

2. Where a provider prepares portions of its facility for patient care services on a piecemeal basis, start-up costs must be capitalized and amortized separately for the portions of the provider's facility that are prepared for patient care services during different periods of time.

The Manual further addresses Organizational Cost at 2134.2 and states in part:

Unless specified otherwise herein, the provisions of this section are effective for providers after June 30, 1976.

2134.2 Cost Treatment of Organization Costs under Medicare.

A. Providers Entering Program After June 30, 1976. Allowable organization costs should generally be capitalized by the organization. However, if in the opinion of the intermediary, these costs are not material when compared to total allowable costs, they may be included in allowable costs for the initial cost reporting period. Otherwise, allowable organization costs are amortized ratably over a period of 60 months starting with the month the first patient is admitted for treatment.

If the provider enters the program after 60 months, starting with the month the first patient is admitted for treatment, no organization costs are recognized. Organization costs can be capitalized retroactively (reduced for any periods already elapsed from the time the first patient was admitted for treatment) where a provider (1) did not initially capitalize organization costs (or has written off such costs in the period(s) incurred) before entering the program; (2) can establish these costs to the satisfaction of the intermediary; and (3) enters the program within 60 months after the first patient was admitted for treatment.

Since all of the applicants are applying to establish Medicare-certified home health agencies, the Medicare Reimbursement rules should prevail over other accounting principles that are not specific to Medicare-certified home health agencies. Out of all the applicants, only Community and Gentiva adhered to the Medicare Reimbursement rules by properly depreciating and amortizing capital equipment and start-up costs. All other applicants included costs in the body of their respective applications, but did not account for those costs in the Pro Forma Financial Statements. The applicants' understated expenses by not including those costs in the Pro-Forma Financial Statements. The chart below shows the amount by which each applicant understated its expenses:

	SJC (1)	Communi ty (2)	NHC (3)	Gentiva (4)	Tri- County (5)	Liberty (6)	Interim (7)	United (8)
Construction				100,940.00				
Architect/Prof Fees	41,699.43	22,500.00	15,000.00	2,500.00	56,500.00	50,000.00		
Equipment	22,747.52	15,700.00	70,000.00	64,635.00	16,500.00	28,113.00	20,040.00	24,199.00
Startup Cost	145,414.75	58,679.22	40,613.00	341,786.00	118,406.00	100,000.00	62,970.00	55,033.00
Contingency	31,224.34			67,519.00		17,211		
Total Cost	241,086.04	96,879.00	125,613.00	577,380.00	191,406.00	195,324.00	83,010.00	79,232.00
Less Equipment	22,747.52	15,700.00	70,000.00	0	73,000.00	78,113.00	20,040.00	24,199.00
Sub-Total	218,338.52	81,179.22	55,613.00	577,380.00	118,406.00	117,211.00	62,970.00	55,033.00
Amort. Period	5	5	5	12	5	5	5	5
Annual Amort. Exp.	43,667.70	16,235.84	11,122.60	48,115.00	23,681.20	23,442.20	12,594.00	11,066.00
Appl. Amortization	0	16,235.84	0	48,115.00	0	0	0	7,923.00
Variance	43,667.70	0	11,122.60	0	23,681.20	23,442.20	12,594.00	3,143.00

Source: Applicants CON Applications

1. In the SJC Application, Depreciation Expense is based upon Furniture and Equipment costs of \$75,000 depreciated over 5 years. The Application only reflects \$22,747.52 of Furniture & Equipment. Pro-forma Depreciation/Amortization expense reflects \$15,000 which reflects one year Deprecation Expense of the \$75,000 Equipment. Using Project Costs identified and Medicare instructions the Pro-forma Financial Statements understate Total Expenses by 43,667.70 for unamortized out of pocket Project Cost in each Projected Year.
2. In Community's Application, Depreciation Expense is based upon Furniture and Equipment Costs of \$15,700 depreciated over 5 years and totals \$3,140. This figure agrees with the Application and the Pro-Forma Financial Statements. Start-up costs are reflected at \$81,179.22 Amortized over 5 Years and totals \$16,235.84. Furniture and Equipment, Startup and Total Project Costs are treated in accordance with Medicare guidelines and instructions with no variance.
3. In the NHC Application, Depreciation Expense is based upon Furniture and Equipment costs of \$70,000 depreciated over 5 years. CON, Other Professional Fees and Startup Cost combined are reflected as \$55,613 per the Application. NHC states "Startup Costs are projected at 40,613 and are included in Projected expenses for Year One since current accounting rules for public companies require that these be expensed when incurred rather than amortized over future years." The Amortization for the CON and Other Professional Fees equal \$15,000 and are not reflected as Amortized or expensed in the Pro-forma. The Pro-forma Financial Statement does contain under "Other Administrative Costs" \$40,000 in Year One, however, the remaining accounts under Administrative & General Expenses reflect only Salaries & Benefits, Management Fees, Rent/Utilities, and Maintenance/Housekeeping. No Office supplies, Insurance or any other normal operating expenses are reflected.

Although Generally Accepted Accounting Principles states the costs should be expenses in the period incurred, Medicare Guidelines and Instructions state *"the start-up costs must be amortized ratably over a period of 60 consecutive months beginning with the month in which the first patient is admitted for treatment."* This also applies to the CON Application Fees and Other Administrative Costs identified in the application. Therefore, the \$55,613 should be included in Project cost and Amortized over 60 months.

Total Expenses are thereby understated by \$11,122.60 for unamortized out of pocket Project Cost for each Projected Year.

4. In Gentiva's Application, Depreciation/Amortization Expense is based upon the \$577,380 cost reflected in the application over 12 years. The treatment of this cost in accordance with Medicare Guidelines and Instructions with no variance.
5. In the Tri-County Application, Total Equipment Cost equals \$16,500. Of that \$10,500 was expensed in Year One, leaving \$6,000 as Depreciable Equipment. Additionally, Architect/Professional Fees amount to \$56,500. The Un-Depreciated Equipment and Architect/Professional Fees amounts total \$62,500. Per the Pro-forma this amount was depreciated over 5 Years and reflect \$12,500 per year correctly.

Per the Application, Startup Costs of \$118,406 are not amortized and does not appear to be included in Year 1 Expenses. After removing the \$73,000 for Equipment and Professional Fees of \$45,406 the Unamortized or expensed Startup Cost remains. Therefore, these costs are not included in Total Expenses in Year One or are they Amortized per Medicare guidelines. This omission results in an understatement of Total Expenses by \$ 9,081.20 in each year for out of pocket expenses paid but not recognized as Project Cost.

Subsequent the above review, additional information was received from DHEC regarding Project Costs and Startup Costs. Tri-County did not change the Equipment Cost, (\$16,500), and reclassified the Architect/Professional Fees, (\$56,500) to Other Costs. However, it did reduce its Startup Costs by \$35,239 to \$83,167. After removing the \$73,000 for Equipment and Other Costs \$10,167 the Unamortized or expensed Startup Cost remains. This amounts to an understatement of Total Expenses of \$2,033.40 in each year for out of pocket expenses paid but not recognized as Project Cost as in each year for out of pocket expenses paid but not recognized as Project Cost they are not expenses in Year 1 or Amortized.

6. Per the Liberty Application, Professional Fees, Equipment Cost and IT Cabling Expenses Total \$78,113. The Pro-forma reflects a line item for Interest, Taxes and Depreciation in the amount of \$ 16,431 in Year One. The applicable Depreciation Expense for \$78,113 over 5 years is \$15,622.60. This would leave an account balance of \$808.40 for Interest and Taxes. Start-up Cost and Contingency Expense equals \$117,211.

These out of pocket expenses do not appear to be expensed in Year 1 should be amortized over 5 years per Medicare Guidelines and Instructions. The result of this omission is each projected years Total Cost is understated by \$23,442.20 for out of pocket expense paid but not recognized as Project Cost.

7. In the Interim Application, Project Cost equals \$83,010. Equipment Expense totals \$20,040 and Start-up Cost totals \$62,970. Depreciation Expense per the Pro-forma Financial Statement equals \$2,630 each year. Using 7.79 Years as the useful life for the Equipment cost of \$20,040, the depreciation expense would be \$2,637 each year.

Therefore, at first glance, Deprecation Expense does not cover the Equipment Depreciation Expense. Additionally, \$62,970 is reflected as "Other Cost". No Amortization Expense appears to have been taken for this nor does it appear as if it was expensed. Interim has not amortized the "Other Costs" of 62,970 in accordance with Medicare Guidelines and Instructions nor has it accounted for out of pocket Project Cost resulting in an understatement of Total Expenses by \$12,594.

After further reviewing the Detail Startup Budget attached the Beaufort Application, the Startup Cost Schedule reflects \$104,086. This Cost is not Amortized or accounted for in the Pro-forma Financial Statements and would result in an additional understatement of expenses by \$20,817.20

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8. In United's Application, Startup Cost, August 10, 2011, equals \$79,232. Of that \$55,033 equals non equipment related expenses and \$24,199 relates to equipment. For equipment related expense the annual Amortization expense equals \$11,066 per year.

The Pro-forma Financial Statements reflect \$7,923 while \$55,033 amortized over 5 years equals \$11,006.60 resulting in an understatement of Total Expenses by \$3,143 in each Projected Year. Equipment cost of \$24,199 depreciated over an average of 4.594 Years equals \$5,267.52 which is equal to the Pro-Forma Financial Statement. After considering these findings it is clear that United has not included all out of pocket project costs in the expenses in accordance with Medicare Guidelines and Instructions, therefore, total expenses are understated by \$3,143.

Based upon the above findings, only Community and Gentiva properly identified, accounted for and amortized out-of pocket Project Costs in accordance with Medicare Guidelines and Instructions.

Utilization:

Based upon the review of each Applicants Utilization there appears to be a large amount of disparity between the applicants Patient projections. Projected Patients are as follows:

	SJC	Community	NHC	Gentiva*	Tri-County	Liberty	Interim	United	SHP Need
Yr 1	185	101	97	281	131	101	186	203	101
Yr 2	288	140	155	392	283	177	376	398	
Yr 3	390	151	182	506	459	273	475	472	

Source: Project Review Summary Handouts

*Gentiva also stated 294 patients in Year1, 396 in Year 2, and 497 in Year 3. It was not clear as to which patient projection numbers to use.

Utilizing the SC SHP need as the basis for the projections, it appears that all Applicants except NHC meet the need in year one. However, while Community and Liberty project year one need to be equal to the SHP identified need, or in the case of NHC two less than the need, all other Applicants project a much greater need ranging from 129.7% to 278.22% in Year 1. Those applicants appear to be making extremely aggressive projections that appear to be unrealistic and unattainable based upon historical data.

	SJC	Community	NHC	Gentiva	Tri-County	Liberty	Interim	United
Yr 1	183.17%	100.00%	96.04%	278.22%	129.70%	100.00%	184.16%	200.99%
Yr 2	155.68%	138.61%	159.79%	139.50%	216.30%	175.25%	202.15%	196.06%
Yr 3	135.42%	107.86%	117.42%	129.08%	162.19%	154.24%	126.33%	118.59%
Yr 3 Over DHEC	386.14%	149.50%	180.20%	500.99%	454.46%	270.30%	470.30%	467.33%

Yr 1 % = (Yr 1 Patients / SC DHEC Need.)

Yr 2 % = (Yr 2 Patients / Yr 1 Patients.)

Yr 3 % = (Yr 3 Patients / Yr 2 Patients.)

Yr 3 Over DHEC = (Yr 3 / SC DHEC Need.)

Year 2 projections range from 138.61% to 216.30% over year one projections, and year three projections range from 107.86% to 154.24% over year two projections. The increase from the SHP identified need of 101 Patients for Year 3 ranges from 149.50% to 470.30%

Based upon CMS data for 2008 and 2009 for the Medicare Certified HHAs reporting, reflected an increase of Patients at 1.39% between 2008 and 2009; State data comparing 2005 to 2009 Patients reflects an increase of 1.31%. Using these two statistics SJH, NHC, Tri County, Gentiva, Interim and United are projecting growth well above historical levels. Community and Liberty appear to be in line with historical data for Medicare Certified Agencies currently operating in Beaufort County, South Carolina for Year 1. For Years 2 and 3 only Community appears to be using historical data for Beaufort County to make its projections.

SJC:

SJC states in its response to DHEC on 2/28/2011, Item 4 that the variance between the utilization projected patients and patients used for its financial projections is due to 12% of the patients being recertified. However, recertification of a Patient does not generate another patient. The computation of visits using the Average Visits per Patient and Payments using Episodes per Patient take into account the total unduplicated patients. Therefore, the SHC patients used for financial projections are overstated. This affects cost due to increased costs and volume, in addition to the already unrealistic patient projections.

SJC projections are 183% greater than historical data. Year 2 reflects an additional 156% growth. Year 3 Projections equals' 135% growth which in turn is 386% higher than the State Health Plans identified need. These projections appear to be unrealistic when compared to the historical data.

Community:

Community projects its utilization based upon the latest available data from CMS and the states' historical data for Beaufort County, South Carolina. Again these projections appear to be realistic when compared to the historical data. For Year 1 Community projects its need at 100% of the identified need. Year 2 reflects 139% growth and Year 3 reflect 108% growth. These projections are based upon historic data and projections appear to be reasonable when compared to the historical data for Beaufort County obtained from CMS.

NHC:

The NHC assumptions do not contain any information regarding Utilization sources or computations. NHCs' Year 1 projection is 96% of the identified State Health Plan need. Year 2 projects 159% growth and Year 3 growth is reflected at 117%. The Year 3 reflects an overall increase of 180% over the State Health Plan identified need. This is more in line with the historical data.

Gentiva:

Gentiva projects its Utilization a variation of SHP methodology. Although this methodology is not incorrect per se, the results produces statistics that are drastically different than the historical data. It is recognized that Beaufort County has an increasing population, however, the idea that the growth is 278 times the need of the State Health Plans published need in Year 1 and 501% higher by Year 3. This does not appear to be a realistic projection.

Furthermore, Gentiva states that their Anderson, SC, agency was utilized to project Average Visits per Patient; while in the same state Anderson, SC, has a different Core Based Statistical Area, (CBSA), than Beaufort County. Anderson, SC, has an Urban CBSA, while Beaufort County has a rural area designation. These are based upon population and comparisons are thereby would not be the best indicator of Beaufort, County activity. Beaufort County data should be utilized if available, and in this case the data is available. Again, these projections appear to be unrealistic when compared to the historical data.

Tri County:

The Tri-County Utilization appears to be based upon current operating area of the organization as evidenced by the Assumptions. Bates Stamped Page 489 notes that the "Beaufort County mix of the Population, age 65 and older (19.7%) is 8% greater than Tri County service area (11.8%). Again, it appears that Tri County has made its projections based upon some methodology other than the Identified State Health Plan. Year 1 need is 129% higher than the State Health Plans identified need and 454.5 higher by Year 3. Again these projections appear to be unrealistic when compared to the historical data.

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Liberty:

Liberty projects its Utilization based upon the SHP Year 1. Year 2 and 3 projections appear to be based upon the projected Liberty market share. While Liberty projects its market share to increase by 2.1% in Year 2 and 2.5% for Year 3 the growth is 175% and 154%, for the respective years. By Year 3, the growth equals 270% of the SHP identified need. Again, these projections appear to be unrealistic when compared to the historical data.

Interim:

Interim does not specifically address their utilization in the Assumptions, however, Year 1 need is 184% greater than the SHP need and Year 3 is 470% higher than the SHP need. These projections are considerably higher than the historical data for Beaufort County. Again, these projections appear to be unrealistic when compared to the historical data.

United:

United provides no specific information regarding Utilization in the Assumptions other than to say at Bates Stamp Page Number 680 "distribution of these patients has been allocated to Beaufort County according to the published and researched need in the area so that the county will neither be underserved or overserved by the end of the third year." The projected utilization for each year again is substantially higher than the SHP identified need. Year 1 need is 200% higher than the identified need and 467% higher in Year 3. These again appear to be unrealistic when compared to the historical data.

Patient Mix

	SJC	Community	NHC	1 Gentiva	2 Tri- County	Liberty	3 Interim	4 United	CMS
Medicare	85.00%	77.00%	91.00%	95.00%	79.00%	71.00%	54.00%	85.08%	76.90%
Medicaid	3.00%	6.00%	3.00%	4.00%	3.00%	3.00%	22.00%	5.00%	23.10%
Charity	2.00%	1.00%	4.00%	0.00%	0.00%	3.00%	0.00%	0.00%	
All Other	10.00%	16.00%	2.00%	1.00%	18.00%	23.00%	24.00%	10.20%	
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Source: Project Review Summary Handouts and Applications.

- (1) Gentiva projects no Charity Care Patients, however, SJC adjusts Gross revenues down by 3% for Charity Care.
- (2) Tri-County % was obtained from the Application as the Project Review Handout did not sum. Tri-County also did not project Charity Care Patients but did adjust Gross Revenues down by 3%.
- (3) Interim projects no Charity Care Patients, but did adjust Gross Revenues down by 1.5% for each Year in the Application.
- (4) United % was obtained from the Application as the Project Review Handout reflects did not sum. United uses 5.00% for Year 1 and 1.50% for Charity Care in Year 2 and 3. United stated their startup period will be 5 months in year 1 and as a result Charity Care will be higher for Year 1. In effect, United is really projecting 1.5% of Gross Revenues for Charity Care as Year 2 and 3 project a full year of operation.

Based upon the review of the Project Review Handouts and Applications, it appears as though Community is projecting Patients based upon the existing Payor Mix in Beaufort County, South Carolina. Tri-County and Liberty are projecting Patients relatively close to the existing Payor Mix in Beaufort County, South Carolina. All others have significant variances specifically for the Medicare percentage.

SJC:

SJC assumptions contain no information as to the source of the Patient Mix other than the table found on the page Bates Stamped 161. Note that Medicare is roughly 8% higher than the historical percentage for Beaufort County, SC, per CMS 2009 data. Therefore, the projections are not in line with the activity in Beaufort County, SC. The 8% increase in Medicare also results in the Other Payor category being lower than the current percentages being provided in the county.

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Community:

Community Patient Mix for all Payors is in line with the 2009 historical CMS data. Indigent Care is based upon Patients not Gross Revenues at 1%. The percent of Revenues is less because the Medicare payment rates are higher than the Charge per Visit Gross Revenues. Assumptions state that projections are based upon 2009 CMS data.

NHC:

The NHC Assumptions contained no information as to how the Patient Mix was established. NHCs' Payor Mix reflects a 14% higher percentage rate than the historical CMS data for Medicare. This results in Other Payers being lower in total than historical data.

Gentiva:

The Gentiva Application states, "Visits per patient and visits per discipline are based upon Gentiva's experience in Anderson, SC." Gentiva provides no other information as to how the Patient Mix was determined. The Assumptions reflect admissions are based upon market demand analysis. The Patient Mix reflects Medicare Patients to be 18% higher than the average agencies Medicare percentage currently operating in Beaufort County. Again, Gentiva's Patient Mix appears to be unrealistic when compared to the historical data.

Tri County:

Tri County projects its Medicare Patient Mix within 2% of the Medicare percent for Agencies operating in Beaufort County. It is noted that Charity care is based upon a percent of revenues not number of patients.

Tri County's Assumptions contains a table reflecting the Payor Mix, Bates Stamp page number not legible, but no information regarding how it was arrived at is disclosed. The Medicare projected Patients are projected at 6% higher than the 2009 CMS data.

Liberty:

The Liberty assumptions contain no information as to the determination of Payor Mix. It is noted that the mix is not similar to the historical mix of Beaufort County. Their Medicare projected patients are 7.2% higher than the 2009 CMS data.

Interim:

The Interim projections are well below the average Patient Mix for the area. Interim is projecting the Medicare need at 22.9% lower than the Average percent for the Beaufort County area.

United:

United has projected the Medicare percentage at 85%. This is 8% higher than the average Medicare percent for Agencies currently serving Beaufort County. United stated at Bates Stamp Page Number 680 "distribution of these patients has been allocated to Beaufort County according to the published and researched need in the area so that the county will neither be underserved or overserved by the end of the third year." The Assumptions contain no other description or disclosure of any information relating to the Payor Mix, therefore, the basis for the Patient Mix cannot be identified.

Staffing:

It was noted that not all Applicants provided data for all disciplines. Most applicants provided no data regarding any contracted therapy services, and in some cases, no data was available for Administrative Staff. As all Applicants did not provide data for all disciplines or Administrative staff, the available data was utilized to analyze Staffing.

The Project Review Summaries and Applications staffing data was reviewed for all Applicants for Patient Care Staff only. Based upon this data, the following summaries were prepared comparing data to the National Association for Home Care and Hospice, (NAHC) productivity standards. The data is reflected by projected year. The Tables below reflect only data presented for the Staff providing Patient Care. Cells with no data or "Not Computed" reflect no data was available. The tables reflect Visits, FTE's as reported by each applicant. Annual Visit per FTE, Visits per Day and Hours per Visit were computed from the Applicant reported data.

Year 1 Visits

Year 1	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United
RN	1,375	786	1,536	2,856	926	812	983	1,492
LPN		139						
PT	916	669	1,088	2,183	1,167	642	721	1,509
LPTA		377						
OT	366	203	518	807	261	171	201	199
COTA		51						
ST	31	79	11	160	17	23	22	71
MSW	31	18	104	110	1	25	45	33
HHA	367	62	444	340	131	150	179	380
Total	3,056	2,414	3,701	6,456	2,503	1,823	2,151	3,684

Source: Project Review Summaries & Applications
Variances due to rounding

FTEs

Year 1	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United
RN	1.95	.55	1.18	2.70	1.67	.25	.76	1.33
LPN		.08						
PT		.49		2.10	.84	0	.60	
LPTA		.22						
OT		.14		.80	.19		.15	
COTA		.03						
ST		.06		.20	.01		.02	
MSW		.02	.15	.10			.03	
HHA	.50	.04	.28	.30	1.00	.20	.14	.34
Total	2.45	1.63	1.61	6.20	3.71	.45	1.70	1.67

Source: Project Review Summaries & Applications

Annual Visits per FTE

Year 1	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	(1) CMS
RN	705.13	1,430	1301.69	1,057.78	554.49	3,248.00	1,293.42	1,121.80	1,289.60
LPN		1,690							1,534.00
PT		1,430		1039.52	1389.29		1,201.67		1,401.40
LPTA		1,690							
OT		1,430		1,008.75	1,373.68		1,340.00		1,378.00
COTA		1,690							
ST		1,430			800.00		1,100.00		1,401.40
MSW		780	693.33	1,110.00			1,500.00		904.80
HHA	734.00	1,690	1,585.71	1,133.33	131.00	750.00	1,278.57	1,117.65	1,344.20

Computed Annual Visits = Discipline Visits / FTE

(1) Source NAHC, Hospital & Healthcare Compensation Service, Homecare Salary & Benefits Report 2009-2010. October 2009.

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Visits per Day

Year 1	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	CMS
RN	2.71	5.50	5.01	4.07	2.13	12.49	4.97	4.31	4.96
LPN		6.50							5.90
PT		5.50		4.00			4.62		5.39
LPTA		6.50							
OT		5.50		3.88			5.15		5.30
COTA		6.50							
ST		5.50		3.08			4.23		5.30
MSW		3.0	2.67	4.23			5.77		3.48
HHA	2.82	6.5	6.10	4.36	.50	2.88	4.92	4.30	5.17

Computed Visits per Day = Annual Visits / 260 days.

Hours per Visit

Year 1	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	CMS
RN	2.95	1.45	1.60	1.97	3.75	.64	1.61	1.85	1.61
LPN		1.23							1.36
PT		1.45		2.00			1.73		1.48
LPTA		1.23							
OT		1.45		2.06			1.55		1.51
COTA		1.23							
ST		1.45		2.60			1.89		1.51
MSW		2.67	3.00	1.89			1.39		2.30
HHA	2.83	1.23	1.31	1.84	15.88	2.77	1.63	1.86	1.55

Computed Hours per Visit = 8 Hours / Visits per day.

Year 2

Visits

Year 2	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United
RN	2,138	1,095	2,449	3,991	1,840	1,470	1,953	3,342
LPN		193						
PT	1,425	972	1,735	3,050	2,321	1,165	1,553	3,414
LPTA		524						
OT	523	282	826	1,127	519	306	399	450
COTA		71						
ST	48	110	18	223	34	43	44	161
MSW	48	24	165	153	2	54	89	75
HHA	570	88	708	476	259	267	355	86
Total	4,752	3,359	5,901	9,020	4,975	3,305	4,393	8,303

Source: Project Review Summaries & Applications

Variances due to rounding

FTEs

Year 2	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United
RN	2.55	.77	3.70	3.70	2.33	1.00	1.50	2.99
LPN		.11						
PT		.68	2.80	2.80	1.67	1.00	1.19	
LPTA		.31						
OT		.20	1.00	1.00	.37		.31	
COTA		.04						

ST		.08	.20	.20	.02		.03	
MSW		.03	.10	.10			.07	
HHA	.70	.05	.40	.40	1.00	.20	.27	.77
Total	3.25	2.27	8.20	8.20	5.39	2.20	3.37	3.76

Source: Project Review Summaries & Applications

Annual Visits per FTE

Year 2	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	(1) CMS
RN	883.43	1,430	1,320.66	1,078.65	789.70	1,470	1,302.00	1,117.73	1,289.60
LPN		1,690							1,534.00
PT		1,430		1,089.29	1,389.82	1,165	1,305.04		1,401.40
LPTA		1,690							
OT		1,430		1,127.00	1,402.70		1,287.10		1,378.00
COTA		1,690							
ST		1,430		1,115.00	1,700.00		1,466.67		1,401.40
MSW		780	687.50	1,530.00			1,271.43		904.80
HHA	814.29	1,690	1573.33	1,190.00	259.00	1,335	1,314.81	1,118.18	1,344.20

Computed Annual Visits = Discipline Visits / FTE

(1) Source NAHC, Hospital & Healthcare Compensation Service, Homecare Salary & Benefits Report 2009-2010. October 2009.

Visits per Day

Year 2	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	CMS
RN	3.22	5.50	5.01	4.15	3.04	5.65	5.01	4.30	4.96
LPN		6.50							5.90
PT		5.50		4.19	5.35	4.48	5.02		5.39
LPTA		6.50							
OT		5.50		4.33	5.40		4.95		5.30
COTA		6.50							
ST		5.50		4.29	6.54		5.64		5.30
MSW		3.00	2.64	5.88			4.89		3.48
HHA	3.13	6.50	6.05	4.58	1.00	5.13	5.06	4.30	5.17

Computed Visits per Day = Annual Visits / 260 days.

Hours per Visit

Year 2	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	CMS
RN	2.48	1.45	1.60	1.93	2.63	1.41	1.60	1.86	1.61
LPN		1.23							1.36
PT		1.45		1.91	1.50	1.79	1.59		1.48
LPTA		1.23							
OT		1.45		1.85	1.48		1.62		1.51
COTA		1.23							
ST		1.45		1.87	1.22		1.42		1.51
MSW		2.67	3.03	1.36			1.64		2.30
HHA	2.55	1.23	1.32	1.75	8.03	1.56	1.58	1.86	1.55

Computed Hours per Visit = 8 Hours / Visits per day.

Year 3

Visits

Year 3	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United
RN	2,901	1,174	2,864	5,130	2,719	2,378	2,479	3,940
LPN	1,934	207						
PT		1,042	2,029	3,921	3,429	1,894	1,972	4,024
LPTA		561						

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OT	709	303	966	1,449	767	482	507	530
COTA		76						
ST	64	119	21	287	50	83	56	189
MSW	64	25	193	197	3	94	113	88
HHA	774	94	828	612	382	443	451	1,014
Total	6,446	3,601	6,901	11,596	7,350	5,374	5,578	9,785

Source: Project Review Summaries & Applications
Variances due to rounding

FTEs

Year 3	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United
RN	3.15	.82	2.20	4.60	3.96	3.96	1.91	1.91
LPN		.12						
PT		.73		3.50	2.47	1.00	1.52	
LPTA		.33						
OT		.21		1.30	.55		.39	
COTA		.04						
ST		.08		.30	.04		.04	
MSW		.03	.28	.20			.09	
HHA	.90	.06	.53	.50	1.00	.20	.35	1.35
Total	4.05	2.43	3.01	10.40	8.02	5.16	4.30	3.26

Source: Project Review Summaries & Applications

Annual Visits per FTE

Year 3	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	(1) CMS
RN	920.95	1,430	1,301.82	1,115.22	686.62	600.51	1,297.91	2,062.83	1,289.60
LPN		1,690							1,534.00
PT		1,430		1,120.29	1,388.26	1,894.00	1,297.37		1,401.40
LPTA		1,690							
OT		1,430		1,114.62	1,394.55		1,300.00		1,378.00
COTA		1,690							
ST		1,430		956.67	1,250.00		1,400.00		1,401.40
MSW		780	689.29	985.00			1,255.56		904.80
HHA	860.00	1,690	1,562.26	1,224.00	382.00	2,215.00	1,288.57	751.11	1,344.20

Computed Annual Visits = Discipline Visits / FTE

(1) Source NAHC, Hospital & Healthcare Compensation Service, Homecare Salary & Benefits Report 2009-2010. October 2009.

Visits per Day

Year 3	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	CMS
RN	3.54	5.50	5.01	4.29	2.64	2.31	4.99	7.93	4.96
LPN904		6.50							5.90
PT		5.50		4.31	5.34	7.28	4.99		5.39
LPTA		6.50							
OT		5.50		4.29	5.36		5.00		5.30
COTA		6.50							
ST		5.50		3.68	4.81		5.38		5.30
MSW		3.00	2.65	3.79			4.83		3.48
HHA	3.31	6.50	6.01	4.71	1.47	8.52	4.96	2.89	5.17

Computed Visits per Day = Annual Visits / 260 days.

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Hours per Visit

Year 3	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	NAHC
RN	2.26	1.45	1.60	1.87	3.03	3.46	1.60	1.01	1.61
LPN		1.23							1.36
PT		1.45		1.86	1.50	1.10	1.60		1.48
LPTA		1.23							
OT		1.45		1.87	1.49				1.51
COTA		1.23							
ST		1.45		2.17	1.66				1.51
MSW		2.67	3.02	2.11					2.30
HHA	2.42	1.23	1.33	1.70	5.45	.94	1.61	2.77	1.55

Computed Hours per Visit = 8 Hours / Visits per day.

Visit per Day Comparison

Using the results from the Visits per day table above a summary of the Visits per Day by Year and Discipline is reflected below. The last column reflects the NAHC 2009 Discipline Productivity Table for comparison.

Visit per Day Comparison Tables

SN	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	NAHC
Yr 1	2.7	5.5	5.0	4.1	2.1	12.5	5.0	4.3	5.0
Yr 2	3.2	5.5	5.0	4.1	3.0	5.7	5.0	4.3	5.0
Yr 3	3.5	5.5	5.0	4.3	2.6	2.3	5.0	4.3	5.0

LPN	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	NAHC
Yr 1		6.5							5.9
Yr 2		6.5							5.9
Yr 3		6.5							5.9

PT	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	NAHC
Yr 1		5.5		4.0			4.6		5.4
Yr 2		5.5		4.2	5.3	4.5	5.0		5.4
Yr 3		5.5		4.3	5.3	7.3	5.0		5.4

PTA	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	NAHC
Yr 1		6.5							
Yr 2		6.5							
Yr 3		6.5							

OT	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	NAHC
Yr 1		5.5		3.9	5.4		5.2		5.3
Yr 2		5.5		4.3	5.4		5.0		5.3
Yr 3		5.5		4.3	5.4		5.0		5.3

COTA	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	NAHC
Yr 1		6.5							
Yr 2		6.5							
Yr 3		6.5							

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ST	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	NAHC
Yr 1		5.5		3.1	3.1			4.2	5.3
Yr 2		5.5		4.3	6.5			5.6	5.3
Yr 3		5.5		3.7	4.8			5.4	5.3

MSW	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	NAHC
Yr 1		3.0	2.7	4.2			5.8		3.5
Yr 2		3.0	2.6	5.9			4.9		3.5
Yr 3		3.0	2.7	3.8			4.8		3.5

HHA	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	NAHC
Yr 1	2.8	6.5	6.1	4.4	.05	2.9	4.9	4.3	5.2
Yr 2	3.1	6.5	6.1	4.6	1.0	5.1	5.1	4.3	5.2
Yr 3	3.3	6.5	6.0	4.7	1.5	8.5	5.0	4.3	5.2

SJC:

SJC did not include any Staffing information for Therapy Services. SJC's projections are also well below the NAHC productivity indicators. Skilled Nursing and HHA both reflect 2 & 3 Visits per day while the NAHC average is 5.

Community:

Community has consistently applied Visits per Day to all disciplines, which are reasonable when compared to 2009 NAHC averages.

NHC:

NHC did not report any FTE data for Therapies. Visits per Day are projected consistently between years. Projected visits per day appear reasonable when compared to NAHC averages.

Gentiva:

Gentiva's data reflected some variances between years and it appears that all years are for the most part projected lower than the NAHC averages, except for MSW which is higher than the NAHC average. MSW visits normally take longer and average around 3 visits per day.

Tri County:

Tri County Visits per Day fluctuate for all disciplines between years. No projections were included for MSW. SN and HHA Visits per Day appear substantially to be out of line with the NAHC averages.

Liberty:

Liberty Visits per Day were not consistently applied between years and appear to be out of line with NAHC averages. Visits per Day fluctuations do not appear to be minor rounding variances. Liberty did not report any Therapy FTE data, except for PT. For Year 1, PT was low and the FTE was reflected at 0, therefore, no visits per day could be computed.

Interim:

Interim consistently applied the Visits per day; however, MSW visits are projected in excess of the NAHC average. MSW visits normally take longer and average around 3 visits per day. Interim also failed to report the contracted services staffing data.

United:

United consistently applied their visits per day, but failed to project FTEs for Contracted services. Nursing and HHA Visits per Day are both well below the NAHC averages.

Visits by Discipline

Reviewed Visits by Discipline by Applicant. The Visits by Discipline will be converted to percentages by Discipline and compared to the Discipline percentages obtained from the 2009 CMS data obtained from the CMS 2009 HHA HCRIS Cost Report Database.

Visits by Discipline Tables

Year 1	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United
RN	1,375	925	1,536	2,856	926	812	983	1,492
PT	916	1,076	1,088	2,183	1,167	642	721	1,509
OT	336	254	518	807	261	171	201	199
ST	31	79	11	160	17	23	22	71
MSW	31	18	104	110	1	25	45	33
HHA	367	62	444	340	131	150	179	380
Total	3,056	2,414	3,701	6,456	2,503	1,823	2,151	3,684
Year 2	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United
RN	2,138	1,288	2,449	3,991	1,840	1,470	1,953	3,342
PT	1,425	1,496	1,735	3,050	2,231	1,165	1,553	3,414
OT	523	353	826	1,127	519	306	399	450
ST	48	110	18	223	34	43	44	161
MSW	48	24	165	153	2	54	89	75
HHA	570	88	708	476	259	267	355	861
Total	4,752	3,359	5,901	9,020	4,975	3,305	4,393	8,303

Year 3	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United
RN	2,901	1,381	2,864	5,130	2,719	2,378	2,479	3,940
PT	1,934	1,603	2,029	3,921	3,429	1,894	1,972	4,024
OT	709	379	966	1,449	767	482	507	530
ST	64	119	21	287	50	83	56	189
MSW	64	25	193	197	3	94	113	88
HHA	774	94	828	612	382	443	451	1,014
Total	4,664	3,601	6,901	11,596	7,350	5,374	5,578	9,785

Visit by Discipline Percentages by Discipline

Divided Discipline Visits by Total Visits to determine the Discipline percentages used by each Applicant to project the Pro-Forma Financial Statements.

Visit by Discipline Percentages by Discipline

Year 1	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	CMS
RN	44.99%	38.32%	41.50%	44.24%	37.00%	44.54%	45.70%	40.50%	38.34%
PT	29.97%	44.57%	29.40%	33.81%	46.62%	35.22%	33.52%	40.96%	44.53%
OT	10.99%	10.52%	14.00%	12.50%	10.43%	9.38%	9.34%	5.40%	10.51%
ST	1.01%	3.27%	.30%	2.48%	.68%	1.26%	1.02%	1.93%	3.28%
MSW	1.01%	.75%	2.81%	1.70%	.04%	1.37%	2.09%	.90%	.73%
HHA	12.01%	2.57%	12.00%	5.27%	5.23%	8.23%	8.32%	10.31%	2.61%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

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Year 2	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	CMS
RN	44.99%	38.34%	41.50%	44.25%	36.98%	44.48%	44.46%	40.25%	38.34%
PT	29.99%	44.54%	29.40%	33.81%	45.65%	35.25%	35.35%	41.12%	44.53%
OT	11.01%	10.51%	14.00%	12.49%	10.43%	9.26%	9.08%	5.42%	10.51%
ST	1.01%	3.27%	.31%	2.47%	.68%	1.30%	1.00%	1.94%	3.28%
MSW	1.01%	.71%	2.80%	1.70%	.04%	1.63%	2.03%	.90%	.73%
HHA	11.99%	2.62%	12.00%	5.28%	5.21%	8.08%	8.08%	10.37%	2.61%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Year 3	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United	CMS
RN	45.00%	38.35%	41.50%	44.24%	36.99%	44.25%	44.44%	40.27%	38.34%
PT	30.00%	44.52%	29.40%	33.81%	46.65%	35.24%	35.35%	41.12%	44.53%
OT	11.00%	10.52%	14.00%	12.50%	10.44%	8.97%	9.09%	5.42%	10.51%
ST	.99%	3.30%	.30%	2.47%	.68%	1.54%	1.00%	1.93%	3.28%
MSW	.99%	.69%	2.08%	1.70%	.04%	1.75%	2.03%	.90%	.73%
HHA	12.01%	2.61%	12.00%	5.28%	5.20%	8.24%	8.09%	10.36%	2.61%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

All Applicants consistently applied the Discipline percentages to all three years without exception.

Discipline Percentage Variances between Applicant and CMS Data

Year 1	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United
RN	6.65%	-.02%	3.16%	5.90%	-1.34%	6.20%	7.36%	2.16%
PT	-14.56%	.04%	-15.13%	-10.72%	2.09%	-9.31%	-11.01%	-3.57%
OT	.48%	.01%	3.49%	1.99%	-.08%	-1.13%	-1.17%	-5.11%
ST	-2.27%	-.01%	-2.98%	-.80%	-2.60%	-2.02%	-2.26%	-1.35%
MSW	.28%	.02%	2.08%	.97%	-.69%	.64%	1.36%	.17%
HHA	9.40%	-.04%	9.39%	2.66%	2.62%	5.62%	5.71%	7.70%

Year 2	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United
RN	6.65%	.00%	3.16%	5.91%	-1.36%	6.14%	6.12%	1.91%
PT	-14.54%	.01%	-15.13%	-10.72%	2.12%	-9.28%	-9.18%	-3.41%
OT	.50%	.00%	3.49%	1.98%	-.08%	-1.25%	-1.43%	-5.09%
ST	-2.27%	-.01%	-2.97%	-.81%	-2.60%	-1.98%	-2.28%	-1.34%
MSW	.28%	-.02%	2.07%	.97%	-.69%	.90%	1.30%	.17%
HHA	9.38%	.01%	9.39%	2.67%	2.60%	5.47%	5.47%	7.76%

Year 2	SJC	Community	NHC	Gentiva	Tri County	Liberty	Interim	United
RN	6.66%	.01%	3.16%	5.90%	-1.35%	5.91%	6.10%	1.93%
PT	-14.53%	-.01%	-15.13%	-10.72%	2.12%	-9.29%	-9.18%	-3.41%
OT	.49%	.01%	3.49%	1.99%	-.07%	-1.54%	-1.42%	-5.09%
ST	-2.29%	.02%	-2.98%	-.81%	-2.60%	-1.74%	-2.28%	-1.35%
MSW	.26%	-.04%	2.07%	.97%	.69%	1.02%	1.30%	.17%
HHA	9.40%	.00%	9.39%	2.67%	2.59%	5.63%	5.48%	7.75%

SJC:

SJC assumptions contain no information relating to the basis or methodology used to identify and project the Discipline Visit Distribution. By comparing the distribution used by SJC to the Visit

Distribution per 2009 CMS data. The comparison indicates that the distribution does not reflect the historical services provided to Patients in Beaufort County, South Carolina.

	Beaufort Only	Statewide	Application	CMS
SN	35.46%	43.98%	44.59%	38.34%
PT	43.46%	35.21%	29.97%	44.53%
OT	12.54%	9.08%	10.99%	10.51%
ST	3.25%	1.57%	1.01%	3.28%
MSW	0.9%	1.84%	1.01%	.73%
HHA	4.39%	8.32%	12.01%	2.61%
Total	100.00%	100.00%	100.00%	100.00%

All disciplines vary from the Beaufort County numbers per the State and CMS and therefore do not reflect the historical services provided in Beaufort County.

Community:

Community utilized the 2009 historical data obtained from CMS to project the Visits by Discipline in an attempt to closely reflect services and distribution of those services historically provided in Beaufort County. All variances are minor.

	Beaufort Only	Statewide	Application	CMS
SN	35.46%	43.98%	38.32%	38.34%
PT	43.46%	35.21%	44.57%	44.53%
OT	12.54%	9.08%	10.52%	10.51%
ST	3.25%	1.57%	3.27%	3.28%
MSW	0.9%	1.84%	.75%	.73%
HHA	4.39%	8.32%	2.57%	2.61%
Total	100.00%	100.00%	100.00%	100.00%

All disciplines are within less than 1% of the Beaufort County Only and CMS percentages.

NHC:

NHC assumptions contain no information relating to the Visit Distribution source or methodology. A review of the Application reveals State compiled Visit data for 2009. The Table below reflects the State's Beaufort County Only, Statewide Data, CMS and Application percentages are as follows:

	Beaufort Only	Statewide	Application	CMS
SN	35.46%	43.98%	41.50%	38.34%
PT	43.46%	35.21%	29.40%	44.53%
OT	12.54%	9.08%	14.00%	10.51%
ST	3.25%	1.57%	.31%	3.28%
MSW	0.9%	1.84%	2.80%	.73%
HHA	4.39%	8.32%	12.00%	2.61%
Total	100.00%	100.00%	100.00%	100.00%

All disciplines vary from the Beaufort County numbers per the State and CMS and therefore do not reflect the historical services provided in Beaufort County.

Gentiva:

Gentiva assumptions state "Visits per patient and visits per discipline are based upon Gentiva's experience in Anderson, SC." As stated previously this Agency is in a different CBSA than Anderson, SC which means it is totally different demographics. While cost may or may not be based upon an agency operating nearby the patient and visit statistics should reflect those in the project area.

	Beaufort Only	Statewide	Application	CMS
SN	35.46%	43.98%	44.24%	38.34%
PT	43.46%	35.21%	33.81%	44.53%
OT	12.54%	9.08%	12.50%	10.51%
ST	3.25%	1.57%	2.48%	3.28%
MSW	0.9%	1.84%	1.70%	.73%
HHA	4.39%	8.32%	5.27%	2.61%
Total	100.00%	100.00%	100.00%	100.00%

All disciplines vary from the Beaufort County numbers per the State and CMS and therefore do not reflect the historical services provided in Beaufort County.

Tri County:

Tri County assumptions contain no information relating to the Visit Distribution source or methodology. The Table below reflects the State's Beaufort County Only, Statewide Data, CMS and Application percentages are as follows:

	Beaufort Only	Statewide	Application	CMS
SN	35.46%	43.98%	37.00%	38.34%
PT	43.46%	35.21%	46.62%	44.53%
OT	12.54%	9.08%	10.43%	10.51%
ST	3.25%	1.57%	.68%	3.28%
MSW	0.9%	1.84%	.04%	.73%
HHA	4.39%	8.32%	5.23%	2.61%
Total	100.00%	100.00%	100.00%	100.00%

All disciplines are within the Range +/- 2% to 3% of Beaufort County Only and CMS percentages.

Liberty:

Liberty Assumptions state "Visit percentage by discipline was taken from the 2010 – 2011 South Carolina Health Care Plan (the .84 percent of 'Other' visits were added to the various disciplines on a weighted basis)."

	Beaufort Only	Statewide	Application	CMS
SN	35.46%	43.98%	44.54%	38.34%
PT	43.46%	35.21%	35.22%	44.53%
OT	12.54%	9.08%	9.38%	10.51%
ST	3.25%	1.57%	1.26%	3.28%
MSW	0.9%	1.84%	1.37%	.73%
HHA	4.39%	8.32%	8.23%	2.61%
Total	100.00%	100.00%	100.00%	100.00%

Liberty has used the statewide averages to project the Visit Distribution for its projections. The variances appear to be the spreading "other" visits over the six disciplines. However, "other visits" in the context of home health are usually non-like visits. Non-like visits are usually not interim visits but shift or private duty hours. Regardless

the statewide percentages are not the best indicator of activity for Beaufort County as the Beaufort County data was and is available.

Interim assumptions contain no detail of methodology or source of the visit distribution.

Interim:

The Interim application visit distribution does not reflect discipline percentages consistent with the Beaufort Only, Statewide or CMS percentages and therefore does not reflect the services being provided in Beaufort County.

	Beaufort Only	Statewide	Application	CMS
SN	35.46%	43.98%	45.70%	38.34%
PT	43.46%	35.21%	33.52%	44.53%
OT	12.54%	9.08%	9.34%	10.51%
ST	3.25%	1.57%	1.02%	3.28%
MSW	0.9%	1.84%	2.09%	.73%
HHA	4.39%	8.32%	8.32%	2.61%
Total	100.00%	100.00%	100.00%	100.00%

United:

United assumptions contain no detail of methodology or source for the visit distribution.

	Beaufort Only	Statewide	Application	CMS
SN	35.46%	43.98%	40.50%	38.34%
PT	43.46%	35.21%	40.96%	44.53%
OT	12.54%	9.08%	5.40%	10.51%
ST	3.25%	1.57%	1.93%	3.28%
MSW	0.9%	1.84%	.90%	.73%
HHA	4.39%	8.32%	10.31%	2.61%
Total	100.00%	100.00%	100.00%	100.00%

The United application visit distribution does not reflect discipline percentages consistent with the Beaufort Only, Statewide or CMS percentages except for MSW. Therefore, United visit distribution does not reflect the services being provided in Beaufort County.

Financial Feasibility

SHC:

Based upon the following factual issues, the application is not the best choice for granting SJC the CON to operate in Beaufort County, SC:

1. SJC failed to follow Medicare guidelines relating to treatment of Startup/Project Cost. This omission results in \$43,668 of unamortized costs per year, of out of pocket, which is not expensed or accounted for in the establishment of the Agency.
2. SJC states in its response to DHEC on 2/28/2011, Item 4 that the variance between the utilization projected patients and patients used for its financial projections is due to 12% of the patients being recertified. However, recertification of a Patient does not generate another patient. The computation of visits using the Average Visits per Patient and Payments using Episodes per Patient take into account the total unduplicated patients. Therefore, the SHC patients used for financial projections are overstated. This affects cost due to increased costs and volume, in addition to the already unrealistic patient projections.

3. SJC projections are 183% greater than historical data. Year 2 reflects an additional 156% growth. Year 3 Projections equals' 135% growth which in turn is 386% higher than the State Health Plans identified need. These projections appear to be unrealistic when compared to the historical data.
4. SJC assumptions contain no information as to the source of the Patient Mix other than the table found on the page Bates Stamped 161. Note that Medicare is roughly 8% higher than the historical percentage for Beaufort County, SC per CMS 2009 data. Therefore, the projections are not in line with the activity in Beaufort County, SC. The 8% increase in Medicare also results in the Other Payor category being lower than the current percentages being provided in the county.
5. SJC did not include any Staffing information for Therapy Services. The SJC Staff, which does appear in the projections are also well below the NAHC productivity indicators. Skilled Nursing and HHA both reflect 2 & 3 Visits per day while the NAHC average is 5.
6. Discipline Mix for SHC, all disciplines vary from the Beaufort County numbers per the State and CMS and therefore does not reflect the historical services provided in Beaufort County.
7. The financial feasibility is based upon unrealistic utilizations, Payor and Visit Distributions as none appear to be close to the actual activities occurring in Beaufort County. In addition SJC provided no information relating to staffing in regard to any contracted therapy services other than the pay rate per visit.

Community:

Community submitted an application which attempted to project a new Agency based upon the latest available data from the area in which it is to operate. It is therefore the best choice for the CON in Beaufort County, SC.

1. Community adheres to Medicare Reimbursement Principles relating to Project costs as all out of pocket expenses are treated properly and accounted for.
2. The utilization is based upon the State Health Plan's identified need in Year 1 and the growth of the existing Agencies in Beaufort County between 2008 and 2009 for Year 2, which is conservative. Growth for Year 3 is based upon the existing agencies average growth between 2005 and 2009 ,which is also conservative. Community attempted to use realistic and attainable projections for the Beaufort County project, not some method projecting 200 to 500 percent of the identified need. Volume equals lower costs and higher profits.
3. Patient Mix also reflects the mix in Beaufort County for 2009. Medicare based upon CMS data for Beaufort for 2009. Medicaid is based upon Beaufort County affluence levels obtained from Tapestry information from BLS. Charity Care/Indigent is based the applicants commitment and is reflected at 1% of Patients not Revenues. All other payors are based on the residual percent not used by the three other payor sources.
4. Staffing levels are identified and computed consistently for all projected years thereby reflecting all staff and expense associated with them in each year.
5. The Discipline Mix or Visit Distributions are again based on the Beaufort County service area for 2009. The mix properly reflects services of the Proposed Agency consistently and as they have been provided based upon historical data to the Beaufort County area.

6. The Financial projections are based upon realistic and attainable projections. The Project is Profitable in Year 2 as well as Year 3. Payment Projections, with the exception of "All Other", are based upon published Fee schedules and Medicare PPS amounts for a Beaufort County, SC Agency and are fixed for all three years. The "All Other" Payments are based upon 60% of Charges.

NHC:

Based upon the following factual issues, the application is not the best choice for granting the CON to NHC to establish a HHA in Beaufort County, SC:

1. NHC failed to follow Medicare guidelines relating to treatment of Startup/Project Cost. This omission results in \$11,123 of unamortized costs per year, of out of pocket, which is not expensed or accounted for in the establishment of the Agency.
2. The NHC assumptions do not contain any information regarding Utilization sources and computations. NHCs' Year 1 projection is 96% of the identified State Health Plan need. Year 2 projects 159% growth and Year 3 growth is reflected at 117%. The Year 3 reflects an overall increase of 180% over the State Health Plan identified need. This is more in line with the historical data.
3. The NHC Assumptions contained no information as to how the Patient Mix was established. NHCs' Payor Mix reflects a 14% higher percentage rate than the historical CMS data for Medicare. This results in Other Payers being lower in total than historical data. This also establishes the fact that NHC is not basing its projections on Beaufort County historical data. It also indicates that NHC is not recognizing the Patient Payor pool as it exists based upon historical data.
4. NHC did not report any FTE data for Therapies. Visits per Day are projected consistently between years for staff identified. FTEs reflected in the Project Review Summary and in the Application are therefore understated. Projected visits per day appear reasonable when compared to NAHC averages for Staff listed.
5. NHC assumptions contain no information relating to the Visit Distribution source or methodology. All disciplines vary from the Beaufort County numbers per the State and CMS and therefore do not reflect the historical services provided in Beaufort County.
6. The Financial projections appear to be realistic and attainable projections in respect to Utilization. However, Payor Mix, and Visit Mix or Distribution do not recognize the historical pool of Payors or discipline services contained in and provided in Beaufort County. The lack of FTEs for contracted disciplines results in understatement of FTEs. Based upon the fact that NHC projections do not consider the historical services provided or consider the actual pool of payor sources in Beaufort County their projections do not accurately reflect the Beaufort County market.

Gentiva:

Based upon the following factual issues, the application is not the best choice for granting the CON to Gentiva to establish a HHA in Beaufort County, SC:

1. Per the Gentiva Application Depreciation/Amortization Expense is based upon the \$577,380 cost reflected in the application over 12 years. The treatment of this cost in accordance with Medicare Guidelines and Instructions with no variance.
2. Gentiva projects its Utilization based upon the same methodology as the State Health Plan to identify need. Although this methodology is not incorrect per se, the results produces statistics that are drastically

different than the historical data. It is recognized that Beaufort County has an increasing population, however, the idea that the growth is 278 times the need of the State Health Plans published need in Year 1 and 501% higher by Year 3, does not appear to be a realistic projection. Furthermore, Gentiva states that their Anderson, SC, agency was utilized to project Average Visits per Patient; while in the same state Anderson, SC, has a different Core Based Statistical Area, (CBSA), than Beaufort County. Anderson, SC, has an Urban CBSA, while Beaufort County has a rural area designation. These are based upon population and comparisons are thereby would not be the best indicator of Beaufort, County activity. Beaufort, County data should be utilized if available, and in this case the data is available. Again these projections appear to be unrealistic when compared to the historical data.

The Application states that Gentiva believes the projections to be realistic as 3 of the 4 Agencies operating in Beaufort have treated more than 500 unique patients in 2009. Gentiva fails to recognize that one Agency was established in 1982 and the other three have certification dates dating back to 1993. There is no indication that any one of the three Agencies serviced 500 patients or more in the first 3 years of operation. The existing Agencies are well established and a new Agency will require time to grow to the level of existing Agencies.

3. The Gentiva Application states, "Visits per patient and visits per discipline are based upon Gentiva's experience in Anderson, SC." Gentiva provides no other information as to how the Patient Mix was determined. The Assumptions reflect admissions are based upon market demand analysis. The Patient Mix reflects Medicare Patients to be 18% higher than the average agencies Medicare percentage currently operating in Beaufort County. Again Gentiva's Patient Mix appears to be unrealistic when compared to the historical data.

The proposed Beaufort Agency is in a different CBSA than Anderson, SC, which means it has totally different demographics. While cost may or may not be based upon an agency operating nearby the patient and visit statistics should reflect those in the project area when available.

4. The Gentiva Staffing data reflected some variances between years and it appears that all years are for the most part projected lower than the NAHC averages, except for MSW which is higher than the NAHC average. MSW visits normally take longer and average around 3 visits per day.
5. Gentiva assumptions state "Visits per patient and visits per discipline are based upon Gentiva's experience in Anderson, SC." As stated previously this Agency is in a different CBSA than Anderson, SC, which means it is totally different demographics. While cost may or may not be based upon an agency operating nearby the patient and visit statistics should reflect those in the project area. All disciplines vary from the Beaufort County numbers per the State and CMS and therefore do not reflect the historical services provided in Beaufort County.
6. The Financial projections do not appear to be realistic and attainable projections in respect to Utilization. Payor Mix, and Visit Mix or Distribution do not recognize the historical pool of Payors or discipline services contained in and provided in Beaufort County. Based upon the fact that Gentiva projections do not consider the historical services provided or consider the actual pool of payor sources in Beaufort County but instead use Anderson, SC, as the basis, their projections do not accurately reflect the Beaufort County market.

Tri County:

Since Tri County's pro formas are based upon an expansion approach, the financial feasibility of the proposed agency alone is not known. Furthermore, based upon the following factual issues the application is not the best choice for granting the CON to Tri County to establish a HHA in Beaufort County, SC:

1. Tri County failed to follow Medicare guidelines relating to treatment of Startup/Project Cost. Per the Tri-County Application Total Equipment Cost equals \$16,500. Of that \$10,500 was expensed in Year One, leaving \$6,000 as Depreciable Equipment. Additionally, Architect/Professional Fees amount to \$56,500. The Un-Depreciated Equipment and Architect/Professional Fees amounts total \$62,500. Per the Pro-forma this amount was depreciated over 5 Years and reflect \$12,500 per year correctly. Per the Application Startup Costs of \$118,406 are not amortized and does not appear to be included in Year 1 Expenses. After removing the 73,000 for Equipment and Professional Fees of \$45,406 the Unamortized or expensed Startup Cost remains. Therefore, these costs are not included in Total Expenses in Year One or are they Amortized per Medicare guidelines. This omission results in an understatement of Total Expenses by \$ 9,081.20 in each year for out of pocket expenses paid but not recognized as Project Cost.
2. The Tri-County Utilization appears to be based upon current operating area of the organization as evidenced by the Assumptions. Bates Stamped Page 489 notes that the "Beaufort County mix of the Population, age 65 and older (19.7%) is 8% greater than Tri County service area (11.8%). Again it appears that Tri County has made its projections based upon some methodology other than the Identified State Health Plan. Year 1 need is 129% higher than the State Health Plans identified need and 454.5 higher by Year 3. Again these projections appear to be unrealistic when compared to the historical data in addition to being based upon some service area other than Beaufort County.
3. Tri County projects its Medicare Patient Mix within 2% of the Medicare percent for Agencies operating in Beaufort County. It is noted that Charity care is based upon a percent of revenues not number of patients.
4. Tri County FTE analysis reflects Visits per Day fluctuate for all disciplines between years. No projections are included for MSW. SN and HHA Visits per Day appear substantially to be out of line with the NAHC averages. Therefore, staffing projections appear to be inconsistent.
5. Tri County assumptions contain no information relating to the Visit Distribution source or methodology. All disciplines are within the Range +- 2% to 3% of Beaufort County Only and CMS percentages.
6. The Tri County Application Pro Forma Financial Statements are somewhat perplexing. The application appears to indicate that the proposed Agency will be a new Agency not an expansion of an existing Agency. However, the Applicant provides two financial statements one which does not include the Beaufort Project and one that does. The applicant appears to then take the difference between the two to derive the Revenues, Expenses and Income for the Project.

If the project is indeed a new Agency not an expansion of an existing Agency, then financial projections should be for the new Agency alone. Based upon the appearance of the information contained in the Application financial presentation, the feasibility and profitability reflected relates to Tri County Home Health as a whole or one much larger Agency. This is not a true projection of a new Agency operating as an individual entity.

This finding was first identified by the comparing the Project Review Handout for Tri County with the Table Titled "IMPACT OF BEAUFORT COUNTY CON PROJECT ON TRI COUNTY HOME HEALTH". The Bates stamp number is not legible on the PDF file but the footer indicates the following: Beaufort CON Financials More Likely Utilization, Combined Summary, Page 1 of 15. This table agrees with Project Review Handout furnished by the state on October 11, 2011, at item D. Financial Feasibility.

Another indication that the Financial Feasibility numbers are incorrect is that the "Manpower Budget Sub-schedule", again Bates Stamp number is not legible, on footer page "Beaufort County Financials

More Likely", FTE, Page 14 of 15 do not agree with the financial statements. The summation of SN, PT, OT, ST and HHA Total Salary Expense for Year 3, from the "Manpower Budget Sub-schedule equals \$401,428, Salaries-Per Visit per the "Tri County Income Statement-Beaufort County CON Project, Bates Stamp number 0488, equals \$320,120. This is a difference of \$81,308.

Further review reveals that Tri County carves out the "Beaufort CON Project", Bates Stamp page 488, using the 2011 Budget in the "Tri County without Beaufort Project", Bates Stamp Page 487, as the basis. The Assumptions identifies various other sources for specific items such as Contractual Allowances being based on the prior 3 years average.

Again it is unknown if the "TRI COUNTY INCOME STATEMENT BASE BUSINESS WITHOUT BEAUFORT COUNTY CON PROJECT" is for one agency or the entire company. In any case, the statistical basis used for the small Beaufort County Agency is based on financial statements which have 64,470 visits and \$13,899,806 Home Health Agency Revenues in the base Year 2011, Bates Stamp page not legible; footer reflects document identified as Beaufort CON Financials More Likely Utilization, Income without Project, Page 2 and 3 of 15.

The basis for the Proposed Agency is therefore based upon a much larger organization than the Beaufort Agency even with the unrealistic Patient projections. The "Beaufort CON Project" proposed by Tri County will not be able to benefit from the economies of scale from this much larger organization as the nearest SC Agency to the Beaufort Project is in Columbia.

As the methodology used by Tri County does not reflect the Revenues and Expenses of the Proposed Agency alone but incorporates the proposed Agency as part of the exiting much larger organization, any comparison with the other applicants is not valid. The other Applicants have presented their projects correctly as stand-alone agencies, without economies of scale. The projection for the small Agency to operate on the basis of an organization 25.75 times larger is unrealistic.

This finding is sufficient reason not to grant the CON to Tri County Home Health.

Liberty:

Based upon the following factual issues, the application is not the best choice for granting the CON to Liberty to establish a HHA in Beaufort County, SC:

1. Liberty failed to follow Medicare guidelines relating to treatment of Startup/Project Cost. The result of this omission is each projected years Total Cost is understated by \$23,442.20 for out of pocket expense paid but not recognized as Project Cost.
2. Liberty projects its Utilization based upon the SC State Health Plan for Year 1. Year 2 and 3 projections appear to be based upon the projected Liberty market share. While Liberty projects its market share to increase by 2.1% in Year 2 and 2.5% for Year 3 the growth is 175% and 154%, for the respective years. By Year 3 the growth equals 270% of the SHP's identified need. Again these projections appear to be unrealistic when compared to the historical data.
3. The Liberty assumptions contain no information as to the determination of Payor Mix. It is noted that the mix is not similar to the historical mix of Beaufort County. Therefore, Liberty is not making its projections based upon the Beaufort County service area.
4. For the FTE computations, Liberty's Visits per Day were not consistently applied between years and appear to be out of line with NAHC averages. Visits per Day fluctuations do not appear to be minor

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rounding variances. Liberty did not report any Therapy FTE data, except for PT. For Year 1 PT was low and the FTE was reflected at 0, therefore, no visits per day could be computed.

5. Liberty has used the statewide averages to project the Visit Distribution for its projections. The variances appear to be the spreading "other" visits over the six disciplines. However, "other visits" in the context of home health are usually non-like visits. Non-like visits are usually not interim visits but shift or private duty hours. Regardless the statewide percentages are not the best indicator of activity for Beaufort County as the Beaufort County data was and is available.
6. The Financial projections do not appear to be realistic and attainable projections in respect to Utilization, Payor Mix, and Visit Mix or Distribution do not recognize the historical pool of Payors or discipline services contained in and provided in Beaufort County. FTEs visits per day are not consistently applied throughout the projected years. Based upon the fact that Liberty has not followed Medicare guidelines regarding project costs, is inconsistent with FTE projections and do not consider the historical services provided or consider the actual pool of payor sources in Beaufort County their projections do not reflect accurately the Beaufort County market.

Interim:

Based upon the following factual issues, the application is not the best choice for granting the CON to Interim to establish a HHA in Beaufort County, SC:

1. Interim failed to follow Medicare guidelines relating to treatment of Startup/Project Cost. \$62,970 is reflected as "Other Cost". No Amortization Expense appears to have been taken for this nor does it appear as if it was expensed resulting in an understatement of Total Expenses by \$12,594 for each projected year. The Startup Costs Startup Cost Schedule reflects \$104,086. This Cost is not Amortized or accounted for in the Pro-forma Financial Statements and would result in an additional understatement of expenses by \$20,817.20

In addition Deprecation expense does not appear to be sufficient to cover the Equipment depreciation expense.

2. Interim does not specifically address their utilization in the Assumptions, however Year 1 need is 184% greater than the State Health Plan and Year 3 is 470% higher than the State Health Plan. These projections are considerably higher than the historical data for Beaufort County. Again these projections appear to be unrealistic when compared to the historical data.
3. Interim did not furnish any information in the assumptions relating to Patient Mix. The Interim projections are well below the average Patient Mix for the area. Interim is projecting the Medicare need at 22.9% lower than the Average percent for the Beaufort County area. Therefore, Interims projects do not reflect the Payor Source Pool for Beaufort County.
4. Interim consistently applied the Visits per day to FTEs; however, MSW visits are projected in excess of the NAHC average. MSW visits normally take longer and average around 3 visits per day. Interim also failed to report the contracted services staffing data.
5. The Interim application visit distribution does not reflect discipline percentages consistent with the Beaufort Only, Statewide or CMS percentages and therefore does not reflect the services being provided in Beaufort County.

6. At first glance, it appears as though Interim may be Financially Feasible; however, based upon the findings above Depreciation/Amortization is roughly \$33,000 understated. Taking into consideration this fact as well as the fact that the Applicant is making it projections based on statistics 470% higher than the identified need it is likely the Agency would not be feasible.

United:

Based upon the following factual issues, the application is not the best choice for granting the CON to NHC to establish a HHA in Beaufort County, SC:

1. United has not included all out of pocket project costs in the expenses in accordance with Medicare Guidelines and Instructions, therefore, total expenses are understated by \$3,143.00
2. United provides no specific information regarding Utilization in the Assumptions other than to say at Bates Stamp Page Number 680 "distribution of these patients has been allocated to Beaufort County according to the published and researched need in the area so that the county will neither be underserved or overserved by the end of the third year."
3. The projected utilization for each year again is substantially higher than the State Health Plan identified need. Year 1 need is 200% higher than the identified need and 467% higher in Year 3. These again appear to be unrealistic when compared to the historical data.
4. United has projected the Medicare percentage at 85%. This is 8% higher than the average Medicare percent for Agencies currently serving Beaufort County. United stated at Bates Stamp Page Number 680 "distribution of these patients has been allocated to Beaufort County according to the published and researched need in the area so that the county will neither be underserved or overserved by the end of the third year." The Assumptions contain no other description or disclosure of any information relating to the Payor Mix, therefore, the basis for the Patient Mix cannot be identified. United is projecting 201% more Patients in Year 1 than identified by the State Health Plan. Year 3 is 467% higher than the identified need. Based upon these findings the Utilization projections appear to be unrealistic and unattainable.
5. United consistently applied their visits per day, but failed to project FTEs for Contracted services. Nursing and HHA Visits per Day are both well below the NAHC averages.
6. The United application visit distribution does not reflect discipline percentages consistent with the Beaufort Only, Statewide or CMS percentages except for MSW. Therefore, United's visit distribution does not reflect the services being provided in Beaufort County.
7. Based upon the failure to follow the Medicare Guidelines for Project cost, unrealistic utilization projections, Payor Mix based upon statistics other than Beaufort County, and Discipline Mix inconsistent with Beaufort County, United is not the best choice for the CON.

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EXHIBIT 1

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Community Health, Inc.

List of Beaufort County Potential Referring Physicians

First Name	MI	Last Name	Title1	Title2	Practice / Organization	Address	City	ST	ZIP	Code	Specialty	Practice Size
Dr Joseph	T	Hickey	CEO	CEO	Hickey Wellness Center	30 New Orleans Rd	Hilton Head Island	SC	29928		Internist	1
Dr Joel	M	Johnson	CEO	CEO	Main Street Medical	93 Main St	Hilton Head Island	SC	29926		Family Practitioner	2
Dr James	S	Gigante	Hospitalist	Hospitalist	Hilton Head Internists	35 Bill Fries Dr	Hilton Head Island	SC	29926		Internist	5
Dr Tracy	A	Blusewitz	Physician	Obstetric Gynecologist	Advanced Womens Care	29 Plantation Park Dr Ste 401	Bluffton	SC	29910		OB/GYN	2
Dr Katherine	P	Coley	Physician	Obstetric Gynecologist	Advanced Womens Care	29 Plantation Park Dr Ste 401	Bluffton	SC	29910		OB/GYN	2
Dr Tracy	A	Blusewitz	Physician	Obstetric Gynecologist	Advanced Women's Care Lowcountry	60 Main St Unit A	Hilton Head Island	SC	29926		OB/GYN	2
Dr Catherine	P	Coley	Physician	Obstetric Gynecologist	Advanced Women's Care Lowcountry	60 Main St Unit A	Hilton Head Island	SC	29926		OB/GYN	2
Dr Linda	M	Hawes	Physician	Internal Medicine	Beauford Memorial Hospital	955 Ribaut Rd	Beaufort	SC	29902		Internist	1
Dr Daniel	C	Ripley	Physician	Family Practitioner	Beaufort Family Care	10A Marshellen Dr	Beaufort	SC	29902		Family Practitioner	1
Dr Andrea	D	Hucks	Physician	Internal Medicine	Beaufort Memorial Primary Care	989 Ribaut Rd Ste 260	Beaufort	SC	29902		Internist	3
Dr Steven	R	Kessel	Physician	Internal Medicine	Beaufort Memorial Primary Care	989 Ribaut Rd Ste 260	Beaufort	SC	29902		Internist	3
Dr Jocelyn	K	Ayala	Physician	Obstetric Gynecologist	Beaufort Naval Hospital OB/GYN	1 Pinckney Blvd	Beaufort	SC	29902		OB/GYN	3
Dr Rodrick	H	Doss	Physician	Obstetric Gynecologist	Beaufort Naval Hospital OB/GYN	1 Pinckney Blvd	Beaufort	SC	29902		OB/GYN	3
Dr Dedra		Forman	Physician	Obstetric Gynecologist	Beaufort Naval Hospital OB/GYN	1 Pinckney Blvd	Beaufort	SC	29902		OB/GYN	3
Dr John		Fontana	Physician	Gynecologist	Beaufort OB/GYN Associates	11 Arley Way Ste 201	Bluffton	SC	29910		Gynecologist	2

First Name	MI	Last Name	Title	Practice / Organization	Address	City	ST	Zip Code	Specialty	Practice Size
Dr Meredith	E	Mitchell	Physician	Obstetric Gynecologist	Beaufort OB/GYN Associates	11 Arley Way Ste 201	Bluffton	SC 29910	OB/GYN	2
Dr John		Fontana	Physician	Gynecologist	Beaufort OB/GYN Associates PA	989 Ribaut Rd Ste 210	Beaufort	SC 29902	Gynecologist	4
Dr Meredith	E	Mitchell	Physician	Obstetric Gynecologist	Beaufort OB/GYN Associates PA	989 Ribaut Rd Ste 210	Beaufort	SC 29902	OB/GYN	4
Dr Lynn	B	Norton	Physician	Obstetric Gynecologist	Beaufort OB/GYN Associates PA	989 Ribaut Rd Ste 210	Beaufort	SC 29902	OB/GYN	4
Dr Patricia	A	Thompson	Physician	Gynecologist	Beaufort OB/GYN Associates PA	989 Ribaut Rd Ste 210	Beaufort	SC 29902	Gynecologist	4
Dr Lynn	B	Norton	Physician	Obstetric Gynecologist	Beaufort OB/GYN Associates PA	11 Arley Way Ste 201	Bluffton	SC 29910	OB/GYN	1
Dr Ahaya		Tocharoen	Physician	Family Practitioner	Beaufort-Jasper Hampt Comp Hlth	41 Ball Park Rd	Saint Helena Island	SC 29920	Family Practitioner	1
Dr Scott	D	Condle	Physician	Family Practitioner	Bluffton Family Practice	16 Minuteman Dr	Bluffton	SC 29910	Family Practitioner	1
Dr Robert		Lisle	Physician	Family Practitioner	Bluffton Primary Care	11 Arley Way Ste 201	Bluffton	SC 29910	Family Practitioner	3
Dr James		O'malley	Physician	Internal Medicine	Bluffton/Okatie Primary Care	40 Okatie Center Blvd S Ste 100	Okatie	SC 29909	Internist	2
Dr Kristi	L	Blessitt	Physician	Obstetric Gynecologist	Bon Sain Complete Womens Hlthcr	29 Plantation Park Dr Ste 204	Bluffton	SC 29910	OB/GYN	1
Dr S Clark		Trask	Physician	Family Practitioner	Coastal Care MD	974 Ribaut Rd	Beaufort	SC 29902	Family Practitioner	1
Dr Ardra	R	Davis-tolbert	Physician	Obstetric Gynecologist	Coastal Obstetrics & Gynecology	13 Marshellen Dr Ste B	Beaufort	SC 29902	OB/GYN	1
Dr Patrick		Jordan	Physician	Family Practitioner	Comprehensive Family Practice	2 Greenwood Dr Ste C	Hilton Head Island	SC 29928	Family Practitioner	1
Dr George		Gaspar	Physician	Family Practitioner	Doctors Care	64 Bluffton Rd	Bluffton	SC 29910	Family Practitioner	4
Dr Robert		Lusik	Physician	Family Practitioner	Doctors Care	64 Bluffton Rd	Bluffton	SC 29910	Family Practitioner	4
Dr Keith		Taylor	Physician	Family Practitioner	Doctors Care	64 Bluffton Rd	Bluffton	SC 29910	Family Practitioner	4
Dr William	E	Oquinn Jr	Physician	Family Practitioner	Doctors Care Of Beaufort	1510 Ribaut Rd	Port Royal	SC 29935	Family Practitioner	2

First Name	MI	Last Name	Title1	Title2	Practice / Organization	Address	City	ST	Zip	Specialty	Practice Size
Dr James	K	Frost	Physician	Family Practitioner	Frost Family Medicine	29 Plantation Park Dr Ste 602	Bluffton	SC	29910	Family Practitioner	1
Dr Gaston	O	Perez	Physician	Family Practitioner	Global Family Medicine	14 Oak Forest Rd Ste D	Bluffton	SC	29910	Family Practitioner	1
Dr Henry	L	Laffitte Jr	Physician	Family Practitioner	H Lucius Laffitte Jr MD	27 Kemmerlin Ln Ste B	Beaufort	SC	29907	Family Practitioner	1
Dr Andrew		Binamira	Physician	Internal Medicine	Heritage Medical Partnership	460 William Hilton Pkwy Ste E	Hilton Head Island	SC	29926	Internist	5
Dr Thomas	P	Lenns	Physician	Internal Medicine	Heritage Medical Partnership	460 William Hilton Pkwy Ste E	Hilton Head Island	SC	29926	Internist	5
Dr Paul	M	Long	Physician	Internal Medicine	Heritage Medical Partnership	460 William Hilton Pkwy Ste E	Hilton Head Island	SC	29926	Internist	5
Dr Michael	P	Mayes	Physician	Internal Medicine	Heritage Medical Partnership	460 William Hilton Pkwy Ste E	Hilton Head Island	SC	29926	Internist	5
Dr William	I	Petty	Physician	Internal Medicine	Heritage Medical Partnership	460 William Hilton Pkwy Ste E	Hilton Head Island	SC	29926	Internist	5
Dr Wayne	E	Johnson	Physician	Family Practitioner	Hilton Head Health & Wellness	2 Marshland Rd	Hilton Head Island	SC	29926	Family Practitioner	1
Dr James	F	Gigante	Physician	Internal Medicine	Hilton Head Internists	35 Bill Fries Dr	Hilton Head Island	SC	29926	Internist	5
Dr Patricia	A	North	Physician	Physician	Hilton Head Internists	35 Bill Fries Dr	Hilton Head Island	SC	29926	Internist	5
Dr Michael	A	Platt	Physician	Internal Medicine	Hilton Head Internists	35 Bill Fries Dr	Hilton Head Island	SC	29926	Internist	5
Dr Benjamin	R	Trotter	Physician	Internal Medicine	Hilton Head Internists	35 Bill Fries Dr	Hilton Head Island	SC	29926	Internist	5
Dr Anne	E	Gorman	Physician	Obstetric Gynecologist	Hilton Head OB/GYN	100 Exchange St Ste 200	Hilton Head Island	SC	29926	OB/GYN	4
Dr Glenn	N	Love	Physician	Obstetric Gynecologist	Hilton Head OB/GYN	100 Exchange St Ste 200	Hilton Head Island	SC	29926	OB/GYN	4
Dr G Neil		Love	Physician	Obstetric Gynecologist	Hilton Head OB/GYN	100 Exchange St Ste 200	Hilton Head Island	SC	29926	OB/GYN	4
Dr Ann	E	Gorman	Physician	Obstetric Gynecologist	Hilton Head OB/GYN	1 Burnt Church Rd	Bluffton	SC	29910	OB/GYN	3
Dr Neil		Love	Physician	Obstetric Gynecologist	Hilton Head OB/GYN	1 Burnt Church Rd	Bluffton	SC	29910	OB/GYN	3

First Name	MI	Last Name	Title 1	Title 2	Practice / Organization	Address	City	ST	ZIP Code	Specialty	Practice Size
Dr Jonathan	L	Sack	Physician	Family Practitioner	Jonathan Sack MD	2 Marshland Rd	Hilton Head Island	SC	29926	Family Practitioner	1
Dr Michael	K	Mikkelsen	Physician	Family Practitioner	Lowcountry Medical Care	167 Bluffton Rd Ste C	Bluffton	SC	29910	Family Practitioner	1
Dr Carl	F	Derrick	Physician	Internal Medicine	Lowcountry Medical Group	300 Midtown Dr	Beaufort	SC	29906	Internist	15
Dr Fletcher	C	Derrick III	Physician	Internal Medicine	Lowcountry Medical Group	300 Midtown Dr	Beaufort	SC	29906	Internist	15
Dr John	C	Floyd	Physician	Family Practitioner	Lowcountry Medical Group	300 Midtown Dr	Beaufort	SC	29906	Family Practitioner	15
Dr David	V	Rhodes	Physician	Family Practitioner	Lowcountry Medical Group	300 Midtown Dr	Beaufort	SC	29906	Family Practitioner	15
Dr Lydia		Torres-Rozof	Physician	General Practitioner	Main Street Medical	93 Main St	Hilton Head Island	SC	29926	General Practitioner	2
Dr Joanne	L	Price	Physician	Obstetric Gynecologist	Memorial Health	14 Okatie Center Blvd S Ste 101	Okatie	SC	29909	OB/GYN	1
Dr John	N	Burling	Physician	Internal Medicine	Memorial Health Physicians	14 Okatie Center Blvd S Ste 101	Okatie	SC	29909	Internist	1
Dr Scott	W	Cummings	Physician	Internal Medicine	Palmetto Medical Group	25 Sherington Dr Ste D	Bluffton	SC	29910	Internist	3
Dr Lynn	M	Goetze	Physician	Family Practitioner	Palmetto Medical Group	25 Sherington Dr Ste D	Bluffton	SC	29910	Family Practitioner	3
Dr Kamul	J	Patel	Physician	Family Practitioner	Palmetto Medical Group	25 Sherington Dr Ste D	Bluffton	SC	29910	Family Practitioner	3
Dr Allahna	A	Coggins	Physician	Obstetric Gynecologist	Port Royal Medical Center	1320 Ribaut Rd	Port Royal	SC	29935	OB/GYN	6
Dr Rosalind	D	Dawson	Physician	Internal Medicine	Port Royal Medical Center	1320 Ribaut Rd	Port Royal	SC	29935	Internist	6
Dr Claude	H	Tolbert	Physician	Obstetric Gynecologist	Port Royal Medical Center	1320 Ribaut Rd	Port Royal	SC	29935	OB/GYN	6
Dr Steven	D	McMurry	Physician	Family Practitioner	Preston Health Center	87 Birdsong Way	Hilton Head Island	SC	29926	Family Practitioner	1
Dr Gina	Y	Jordan-Pope	Physician	Internal Medicine	Primecare Health Center	27 Kemmerlin Ln	Beaufort	SC	29907	Internist	1
Dr Irina		Borissova	Physician	Internal Medicine	Sea Island Medical Practice	9 Rue Du Bois Ste A	Beaufort	SC	29907	Internist	1

First Name	MI	Last Name	Title1	Title2	Practice / Organization	Address	City	ST	ZIP Code	Specialty	Practice Size
Dr Timothy	S	Shaver	Physician	Geriatrician	Senior Health Associates	335 Pleasant Point Dr	Beaufort	SC	29907	Internist	2
Dr Janis	A	Hedin	Physician	Family Practitioner	Southcoast Family Practice	23 Plantation Park Dr Ste 403	Bluffton	SC	29910	Family Practitioner	1
Dr Paul	M	Long	Physician	Internal Medicine	Sport & Spine Institute	15 Moss Creek Vlg	Hilton Head Island	SC	29926	Internist	3
Dr Brian	N	Anderson	Physician	Family Practitioner	St Joseph's Candler Medical Grp	10 Oak Forest Rd Ste C	Bluffton	SC	29910	Family Practitioner	2
Dr Susan	R	Reinheimer	Physician	Family Practitioner	St Joseph's Candler Medical Grp	10 Oak Forest Rd Ste C	Bluffton	SC	29910	Family Practitioner	2
Dr Eduardo	Q	Arellano	Physician	Obstetric Gynecologist	Volunteers In Medicine Clinic	15 Northridge Dr	Hilton Head Island	SC	29926	OB/GYN	2
Dr Joann	L	Csakany	Physician	Obstetric Gynecologist	Werner Royal & Csakany Mds	1264 Ribaut Rd Ste 200	Beaufort	SC	29902	OB/GYN	3
Dr Randall	M	Royal	Physician	Obstetric Gynecologist	Werner Royal & Csakany Mds	1264 Ribaut Rd Ste 200	Beaufort	SC	29902	OB/GYN	3
Dr Glenn	L	Werner	Physician	Obstetric Gynecologist	Werner Royal & Csakany Mds	1264 Ribaut Rd Ste 200	Beaufort	SC	29902	OB/GYN	3

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